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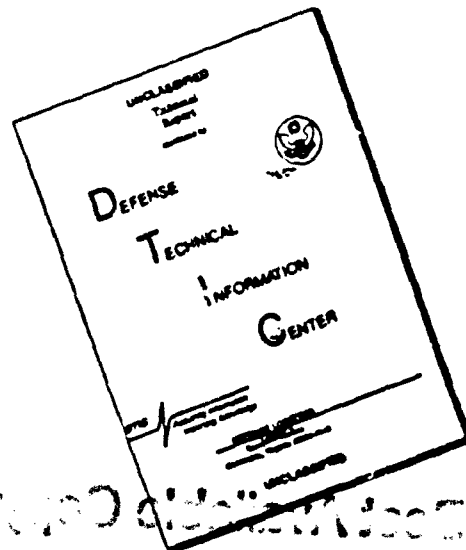
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sensitive issue of medical unit command is evaluated. Sophisticated training programs and accomplishments are documented. Medical planning with the 6th French Light Armor Division and Corps level medical units is discussed. A generous appendix provides a comprehensive, battle tested collection of medical policies and equipment organization. This monograph provides a useful insight into the significant capabilities of a division level, functionally organized medical battalion. Serious historians and force planners can use the monograph to contrast the success or failure of battlefield medicine organized under the multifunctional battalion concept.

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EMPLOYMENT OF THE 307TH MEDICAL BATTALION (AIRBORNE) IN
OPERATIONS DESERT SHIELD AND DESERT STORM:
A PERSONAL EXPERIENCE MONOGRAPH



AN INDIVIDUAL STUDY PROJECT

by

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**For the Great Men and Women
of the Battalion**

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CHAPTER 1

INTRODUCTION

1-1.0 Purpose

This monograph is a personal account of my experience commanding the 307th Medical Battalion (Airborne), 82d Airborne Division, during Operations Desert Shield and Operation Desert Storm (ODS/S).

My purpose for telling this story is to provide a unit history which recounts major events and significant accomplishments during this national contingency. I religiously kept a diary of all events we participated in and all decisions I rendered, recording anything and everything of significance. I filled four notebooks and four boxes full of chronicles, reports and over 600 photographs and slides.

Despite the length of this monograph, it doesn't tell everything. There are dozens of other interesting stories, involving complex personalities, environments, politics, doctrine, personal agendas and more, which remain untold.

My objective is to record and focus on the significant events, using the unique perspective I had as the battalion commander. Any conclusions, consequences, implications or analysis I present are mine, recognizing there could be many others.

1-2.0 Scope

The scope of this monograph will include all the events which bore a relationship on the battalion's participation in ODS/S. I'll begin with the battalion's recovery from combat

operations in Panama during Operation Just Cause (December 1989 thru January 1990), then I'll cover operations during the defense of Saudi Arabia and the invasion of Iraq. The monograph will conclude with accounts of the redeployment and home station recovery operations.

1-3.0 Significance and Need for the Monograph

There were only two functional division level medical battalions employed during ODS/S, the 3d Medical Battalion (Airborne), 82d Airborne Division, Ft. Bragg, North Carolina and the 326th Medical Battalion (Air Assault), 101st Air Assault Division, Ft. Campbell, Kentucky.

All other division level medical units deployed to the Persian Gulf as components of multifunctional battalions (MSB and FSBs), commanded in most cases by non Army Medical Department (AMEDD) officers.

Of the two functional medical battalions deployed, I was the only Medical Service Corps (MSC) officer, a non physician, who wasn't replaced in command by a Medical Corps (MC) physician.

These two significant points, functionality and command of medical units in war, backdrops the stories told in this monograph.

1-3.1 Lack of Literature

In 18 years of service, I haven't found a single detailed source of information on division level medical operations and experiences. I've only heard stories, but never seen the details of how full medical battalions operated, the problems they faced

in deploying, deploying, etc., set down in writing.

In preparing my master's thesis in 1985 at the US Army Command and General Staff College, I surveyed an extensive body of medico-military literature from the end of World War I thru the Israeli PLO War in 1982. Although this represented interesting reading and produced many relevant lessons learned, I found no detailed, single unit medical histories. No one apparently had the incentive, or took the time to set out their experiences.

Marvelous histories exist for units of the civil war. They provide detailed accounts of personalities, social alignments, thoughts, and passions about almost every event and circumstance. Unfortunately, the same detailed accounts cannot be found for 20th century medical units.

1-3.2 Functionality

Regrettably, upon returning from ODS/S, the US Army directed all remaining functional division level medical battalions to reorganize into multifunctional battalions. Although I passionately disagree with this decision, it provides an added need for documenting the strengths of functional medical units, if only for future comparisons.

1-3.3 Command of Medical Units in Combat

It's a practice of the AMEDD to replace it's non physician commanders (like myself) with physicians during war. With few exceptions, this practice occurred down to company level throughout the theater of operations. Fortunately, I had worked

out this issue with the 82d Airborne Division Commander when I first assumed command. Having kept my command during Operation Just Cause in Panama, I stayed in command during the Gulf War, against some, but little physician opposition. I feel there is a compelling need to document the abilities of MSC officers to command. If not to help change the AMEDD command policy, then at least to evoke a rationale for their policy.

These are the needs I hope to remedy by providing background insights and an attributed data source of information on a unique medical battalion's battlefield experience.

CHAPTER 2

BACKGROUND

2-1.0 Introduction

We're all influenced by our past experiences. In my case, three previous experiences had the greatest influence in my command of the 307th Medical Battalion (Airborne) during ODS/S. The first, was my four year special operations assignment to the Joint Special Operations Command (JSOC). Second, my experience in planning and supporting combat operations in Panama during Operation Just Cause. And third, a series of planned unit events which would later have significant relevancy to our success in Southwest Asia.

2-2.0 Special Operations Experience

Assigned as the JSOC Medical Operations Officer, I had both staff and special mission unit executive responsibilities. I gained detailed experience in joint force (Army, Navy, Air Force) and combined (allied forces) operations. The national level connection and impact of these operations forced me to gain wide appreciation for organization, equipment, budgeting, medical intelligence, detailed operations planning, coordination and battle synchronization. Just as important, I gained a tremendous appreciation for the power, social organization, thought process, egos and motivation of world class physicians.

2-2.1 Planning

Working with the Special Operations Forces (SOF), I was involved in the joint special training, equipping and

organization of Department of Defense forces against strategic or tactical targets in pursuit of national objectives. The national visibility of these operations required exhaustive planning, coordination and synchronization of multiple national and international individuals, units, organizations, commands, agencies and governments. Every aspect of an exercise or real world operation had to be developed in tremendous detail and depth.

From a medical perspective, this included every conceivable detail related to the provision of national level medical support. Working in the joint and combined operations arena, medical planning included coordinated answers and solutions for:

- Complex and always sensitive details of unity of medical command and control among multiple unified and specified commands.
- Primary, alternate, contingency and emergency levels of support (representing four levels of redundancy) for hospitalization, evacuation and medical supply.
- Packaging supporting medical platforms by the selection, staffing, equipping and scheduling of fixed and rotary wing aircraft.
- Selection of medical specialties and subspecialties to support an operation, platform and environment.
- Detailed medical analysis and preparation of the operations area using everything from national intelligence

sources to on sight investigations.

- Coordinated medical communications (UHF, VHF, FM, SATCOM) frequencies and codewords.
- Multiple briefings, rehearsals, "what if" drills and debriefings.

After four years of working in this environment, I felt well prepared to plan and execute Division level airborne operations, which were much less sophisticated in detail and complexity.

2-2.2 Equipment

SOF is organized with the best medical and related equipment of all the services. My experience with SOF equipment procurement, capability, employment and evaluation in a wide variety of operational environments played a significant role in specially outfitting the 307th Medical Battalion (Airborne) for it's Gulf War mission.

Imagination and analysis played a big role in SOF medical equipment acquisition. Although money was generally unconstrained, I came to discover that money could always be found, even in the conventional force. The SOF method of analyzing needs and identifying requirements, unconstrained by conventional processes, led to the acquisition of state-of-the art, lightweight, compact and multifunctional resuscitative and life support equipment. I introduced the same process and most of the equipment to the medical battalion.

2-2.3 Medical Personalities

I worked with the top specialty trained, board certified physicians in the Army Medical Department. My duties at JSOC involved the coordinated scheduling, training and employment of these physicians, who were assigned to over a dozen hospitals and medical centers around the world. The close relationships I established with over fifty physicians offered me a rare insight into their complex personal and social environment.

Emphatically stated, the AMEDD is a physician dominated world and understanding their environment is a necessary endeavor for the non physician. Their competitive training requirements, measures of success, pecking order of medical specialties, what they respect, what they don't, how they think, how they derive their ego and how they form their power base. Non-physicians who aren't afforded or don't take the opportunity to work with physicians and develop working skills within a physician's environment, are poorly prepared to assume leadership within the AMEDD.

It was this vital experience which prepared me to assimilate and work with large numbers of professional fillers throughout ODS/S.

2-2.4 Medical Intelligence

Planning detailed joint operations required detailed medical preparation of the joint operations area. Beyond prescribing mundane immunization requirements, multiple, national level medical intelligence sources were developed on pertinent medical threat and countermeasure. I acquired related medical

intelligence library items, references and data bases. I also learned how to access and integrate other sensitive, national level intelligence data bases. Most importantly, I developed a close relationship with the Armed Forces Medical Intelligence Center (AFMIC), the focal point for strategic medical intelligence.

All this work provided me an experience base which I brought with me to the battalion and was able to access during operations in Panama and ODS/S.

2-2.5 Operational Experience

Special operations provided me a broad experience base in planning and executing worldwide, no-notice contingency operations. I was heavily involved in supporting airfield seizure operations, working with the 75th Ranger Regiment, SOF Army, Air Force and Navy special mission units, the 82d Airborne Division, XVIII Airborne Corps and 1st Aeromedical Evacuation Squadron. The working relationship and experience I developed with these units provided me with an excellent background from which to command an airborne battalion in ODS/S.

2-3.0 Operation Just Cause

Six months after assuming command of the medical battalion, I led a specially formed, division level medical task force during the invasion of Panama. Support for National Command Authority (NCA) directed Operation JUST CAUSE involved conducting a night, low level, combat parachute assault onto Torrijos-Tocumen International airfield on 20 December 1989.

2-3.1 Division Level Medical Support

After treating initial assault injuries on the airfield, we established a division level clearing facility inside the international terminal. Using apprehended baggage trains and a fire station ambulance, we linked up with 1-75th Ranger Battalion and SOF medical elements, then completed the evacuation of all the injured.

Drawing on my previous personal associations with Ranger and SOF medical elements, link-up and sustainment operations went very smoothly. We employed SOF medical officers in our clearing facility and most critically, we acquired a SOF satellite communications team, which provided us with our only continuous, reliable means of communication throughout the operation.

2-3.2 Combat Lessons Learned

In treating over 800 US and Panamanian patients, our physicians, physician assistants and medics acquired tremendous background and experience in battlefield medical support. We had the opportunity to experienced real world combat triage, resuscitation and various methods of standard and nonstandard evacuation. Our treatment of large numbers of civilian women and children (including 10 childbirths), opened our eyes to the noncombatant dimension of battle. Assisting the international arrival and distribution of humanitarian medical supplies provided me with important visions I would later employ. In dealing with the 44th Medical Brigade, who provided our evacuation and resupply support, we gained realistic

appreciations for their capabilities and shortcomings. Our medics learned the strengths and weaknesses of our medical sets, kits and outfits (SKO) and were later able to make significant revisions prior to our desert deployment.

All totaled, the medical experience we gained in supporting Operation Just Cause provided significant advantage in preparing the battalion for later success in ODS/S.

2-4.0 Medical In Progress Review (MIPR)

As a direct result of operational participation and reviewing lessons learned during Operation Just Cause, I established a battalion MIPR process.

The MIPR identified medical issues, outlined solutions and tracked progress towards an objective end state. A single action officer (AO) was assigned to each project issue. Although several members often worked on a single problem or issue, the AO was held accountable for progress reports and final project resolution. We established an MIPR workbook so all issues, progress notes and final decisions could be tracked.

2-4.1 MIPR Projects

During the eight formal MIPR meetings conducted from February through July 1990, the following projects were completed or actively working by the time Operation Desert Shield was initiated:

1. Airfield Seizure Four Vehicle Load Plan Revision
2. Medical Training Requirements for 91 CMF medics
3. Combat Medic Rucksack Packing/Resupply List
4. Acquisition of LeMark Surgical Table
5. Standardized Division Deployment Narcotics Package
6. Acquisition of Trauma Bags and Vests

7. Acquisition of LIFEPAK 5 Monitors/Defibrillator
8. Division Level Blood Donor/Transfusion SKO
9. Patient Hold Packing List Revision
10. Sickcall Packing List Revision
11. DC Battery Adapters for Medical Equipment
12. Acquisition of Israeli IV Infusers
13. Development of Anesthesia Packing List
14. Standardized Medical Chest Markings
15. Standardized M-996 Ambulance Configuration
16. Post Operative Chest Configuration
17. Develop Disposable Surgical Drape Pack
18. Develop Basic Surgical Procedures Pack
19. Develop ATLS Multi Trauma Pack
20. Develop Disposable Incision/Debridement Pack
21. Revise ATLS Module Packing List
22. Revise Pharmacy Chest Packing List
23. Develop Noncombatant Medical Chest Pack List
24. Develop IV Additive Packing List
25. Identify Medical Oxygen Requirements
26. Acquire Electric Blood Boxes
27. Revise Division Resupply Packages
28. Acquire Israeli Folding Litters
29. Develop Prioritized List of Opportune Buy Equipment

2-4.2 MIPR Philosophy

I attempted to use the MIPR to force critical review and stimulate imagination, which I found lacking in the battalion. The unit was used to doing things "the airborne way", or worse "the way we've always done it before". I made the MIPR AOs start from scratch, perform zero base investigations and take nothing for granted. They were forced to answer a series of questions relating to equipment, process or procedures:

1. What's the mission or requirement?
2. What do we need?
3. What do we have or do now?
4. Does it work or can we do better?
5. Why do we do what we do? Has anything changed?
6. Can we make it lighter?
7. Do we need more or less?
8. Can we reduce the number of supply lines?
9. Does it represent state-of-the art?
10. Is there an off-the shelf product available?
11. Will it enhance what we do?
12. How much does it cost? How can we get it?

13. How do we implement training/standardization once we acquire?

The net experience with the MIPR process paid tremendous dividends. It resulted in a principal review of our key procedures and equipment and put us miles ahead of being ready for the Gulf War.

2-5.0 Opportune \$2.4 Million Class VIII Purchase

After the completion of Operation Just Cause, there was general jubilation throughout the Army for the success it had achieved. In it, I saw an opportunity to acquire new equipment to modernize the battalion.

2-5.1 USAMMA Money

I had previously worked closely with the United States Army Medical Materiel Agency (USAMMA), in Fort Detrick, Maryland. Although money was never a problem within the SOF community, I discovered that USAMMA had plenty of discretionary and year end money available for spending. Exploiting that discovery was worth over two million dollars to the 82d Airborne Division.

2-5.2 Division Class VIII Requisition

In March 1990, we queried all Division medical elements, asking them to identify all unconstrained Class VIII (Medical) expendable/nonexpendable and standard/nonstandard items. A total of \$2,367,601.00 Class VIII requirements were authenticated by the Brigade and Division Surgeons. The three maneuver brigades identified \$465,266.00 in requirements; the medical battalion documented needs for \$1,901,325.00. By mid July 1990, we had received a large part of \$520,340.00 worth of standard medical

supplies and some of the nonstandard items.

This acquisition of supplies, so close to the Division's deployment on 7 August 1990, proved tremendously lucky. We deployed all the supplies to Saudi Arabia, anticipating that the Corp's 32d Medical Supply Optometry and Maintenance (MEDSOM) unit wouldn't be able to support us adequately, based on their failure during Operation Just Cause.

2-6.0 Expert Field Medical Badge

Shortly after redeploying from our support in Panama during Operation Just Cause, we executed a Division Expert Field Medical Badge (EFMB) test 12-16 March 1990.

Based on what I had learned during Operation Just Cause, I began to formulate clear visions of our airborne medic's battlefield potential. I believed the intensity, character, culture and lifestyle of the 82d Airborne Division, the nation's contingency division, made our medics more aggressive, competitive and higher achieving. I saw the EFMB as an opportunity to strengthen our medic's capabilities.

Although the EFMB is a standardized test guided by TC 8-100, significant freedom is provided for establishing the battlefield environment in which candidates are tested. Consequently, we imposed a comprehensive airborne scenario on the test. Test cadre and candidates alike worked in this field environment. The cadre trained and coached their assigned candidates like a squad leader; they were held accountable for success and failure from start to finish. Beginning with an

airborne jump into the training area, candidates moved by ground or air to a divisional clearing station bivouac site, which served as training for the support cadre and students. All events were executed as battlefield events, closely approximating obstacles and resuscitative situations encountered in Panama.

The huge success encountered with this style of testing paid great dividends in preparing medics for their employment in ODS/S.

2-7.0 General Officer Maintenance Assessment (GOMA)

Once a year, battalions of the 82d Airborne Division are evaluated by a General Officer on the full spectrum of their maintenance activities.

From April through June 1990, the medical battalion prepared for the 3 July 1990 GOMA inspection by BG Dennis Kerr, the ADC (S). From billets upkeep to vehicle, repair parts, radio, medical SKO, and NBC maintenance status, BG Kerr and his GOMA team assessed all critical deployment and sustainment systems. The process of cleaning, inspecting, and calibrating all major components and updating our maintenance systems and records couldn't have been better timed in connection with our contingency deployment in August 1990.

CHAPTER 3

ALERT AND DEPLOYMENT OPERATIONS

3-1.0 Introduction

Alerting and assembling soldiers, operating the Corps Marshalling Area (CMA), administering immunizations, producing Priority Vehicle Lists (PVL), incorporating members of the AMEDD Professional Officer Filler System (PROFIS) and activating Family Support Groups comprised alert and deployment operations.

3-2.0 Pre-Hostility Activities

I was on leave 13-22 July 1990 when Saddam Hussein began moving his military and political forces towards the invasion of Kuwait. Although it was widely publicized that the U.S. had deployed combat ships to the Gulf region to conduct joint air refueling maneuvers with the United Arab Emirates, there was no sense of emergency within the 82d Airborne Division.

Despite events occurring in the Middle East, the medical battalion continued deploying elements of its Delta Company to the Joint Readiness Training Center (JRTC), in support of the 3d Brigade, from 25 July through 1 August 1990. The Division conducted its summer social on 27 July 1990.

At 0200 (local Gulf time) on 2 August 1990, Iraq invaded Kuwait and installed a "provisional government". There was no 82d Airborne Division alert.

On 3 August, while Saddam Hussein announced he would begin withdrawing troops on 5 August 1990, the medical battalion conducted payday activities, consisting of a battalion run,

uniform inspection and safety briefing. I made cursory mention of world events taking place in Kuwait, reminding members of Charlie Company, supporting the Division Ready Brigade (DRB), to review their alert procedures.

On 4 August, as previously planned, the 82d Division Support Command (DISCOM) took subordinate battalion evaluation teams to the field to begin an annual evaluation of combat service support (CSS) elements of the 29th Infantry Division, Pennsylvania National Guard. Later that evening, I sponsored a battalion hail and farewell at my home for 95 officers and spouses.

Despite President George Bush's proclamation that "this will not stand..this aggression against Kuwait", it was business as usual on 5 August 1990 and most of the day, Monday, 6 August 1990.

3-2.1 Division Alert

The 82d Airborne Division issued their 'RED-X-RAY' alert message on 062245R AUG 90 (see Appendix A). We immediately alerted the battalion and initiated our alert planning sequence. At N+1, I met with company commanders, less Delta company (deployed to JRTC) and issued routine guidance, rehearsed many times before.

At N+2, the battalion S-3 and I attended the Division N+2 briefing. Major General Johnson, Commanding General, 82 Airborne Division, gave us his impression of what was occurring and issued his concept of operation. There was no widespread impression

that the entire Division would eventually deploy for another 36 hours.

3-3.0 Operation of Corps Marshalling Area (CMA)

The 307th Medical Battalion (Abn), as a sub-element of the DISCOM, had been responsible for operation of the Division's deployment marshalling area for over three years. Shortly after returning from Operation Just Cause, the battalion invested major unit energy in closing out the old Division Personnel Holding Area (PHA). An assembly of 40 tents, experimental buildings, light sets, Herman Nelson heaters, water trailers, concertina wire, etc., the PHA was a maintenance operation nightmare and drain of diverted resources to it's care and operation.

In May 1990, the battalion signed for a collection of renovated WWII style buildings vacated by the 3d Special Forces Group. Attempting to link XVIII Airborne Corps with responsibility for it's maintenance and operation, Division renamed the PHA to the Corps Marshalling Area (CMA).

3-3.1 CMA Maintenance Operations

In addition to preparing itself for overseas deployment, the medical battalion had to coordinate and support Division CMA operations. This entailed providing a CMA "mayor" and full maintenance operation team. The battalion Executive Officer, Major Gary Sadlon and SSG David Johnson were the key officer/NCO leaders of this project.

Providing continuous, 24-hour service, they supported over 16,000 paratroopers who deployed through the CMA. Managing

a small city, they coordinated the in/out processing of all three brigades (and each Bde wanted to do something a little different); kept the utilities repaired and operating; and scheduled the feeding plan.

3-3.2 CMA Medical Operations

In addition to CMA general maintenance responsibilities, the battalion staffed the CMA aid station and medical Preparation for Overseas Movement (POM) stations.

The POM station medics administered 15,800 doses of 2.5 milliliter Gamma Globulin serum (hepatitis vaccine) in the buttocks. This immunized soldiers for up to three months in the area of operation. We would have given 5.0 ml doses to immunize for six months, but the vaccine was quickly becoming an installation, if not service wide critical resource.

3-3.3 CMA Handoff

Division regulations specified that when the entire Division deployed, CMA operations would be handed off to XVIII Airborne Corps after deploying the DRB 2. Our DRB 1, the 2d Bde, completed sending off its last 17 chalks in the early morning hours of 13 August 1990. DRB 2, the 1st Bde, completed its major deployments by 16 August 1990. DISCOM deployed its largest numbers from 17-19 August 1990. The DRB 3, the 3d Bde returned from JRTC, conducted its loadout from 18-21 August 1990.

Despite handoff meetings begun 9 August 1990, Corps generally stalled the handoff process as late as 15 August 1990. The 44th Medical Brigade, who was supposed to assume our role in

the CMA to allow us to disengage and deploy, either feigned confusion or was unwilling or unable to assume the medical CMA role before the entire battalion had deployed.

Although Corps eventually assumed CMA operations, Division insisted on DISCOM manning equipment lines, shot tables, medical supply item tables, until the last DRB outloaded. A gesture aimed at having the 82d support its own paratroopers, it served as a tremendous obstacle to DISCOM completing it's own deployment.

3-4.0 Professional Officer Filler System (PROFIS)

Army Regulation 601-142, AMEDD Professional Officer Filler System, dated 15 September 1986, states that the PROFIS system "predesignates active component health professionals serving in modified tables of distribution and allowances (MTDA) units, to fill active component FORSCOM early deploying units...during mobilization or upon execution of a contingency operation." The objective of PROFIS is to fill MTOE units to their required authorized level of organization (ALO)-1, in accordance with Army Mobilization and Deployment Planning Guidance.

3-4.1 Background Experience

The PROFIS concept looks good on paper and briefs well, but to MTOE implementers, PROFIS has suffered significant readiness shortcomings for many years.

PROFIS deficiencies noted during Operation Just Cause were briefed in detail to the Army Surgeon General in January

1990 and corrections were promised. A comparison of the battalion's 1989 and 1990 PROFIS rosters (the official roster identifying names of the professional fillers and the providing command), is presented at Figure 1.

Percentages of PROFIS requirements identified:				
	MC	PA	CRNA	ANC
1989	92%	100%	42%	100%
1990	85%	100%	125%	100%
Percentage of PROFIS stationed at Fort Bragg:				
1989	38%	69%	50%	100%
1990	82%	100%	100%	100%
MC - Physicians; PA - Physician Assistant; CRNA - Certified Registered Nurse Anesthetist; ANC - Army Nurse Corps				

Figure 1 CY89-90 PROFIS Roster Comparisons

Despite apparent improvements in some categories, further detailed analysis revealed a totally different picture.

3-4.2 PROFIS Readiness

Although I spent considerable personal time working with the Womack Army Community Hospital (WACH) PROFIS coordinator, PROFIS preparedness for ODS/S demonstrated significant readiness shortcomings. The following key deficiencies were noted to PROFIS:

• PROFIS Rosters: Complicated protocols and bureaucratic hierarchies existed for adjusting PROFIS rosters. Simple, local changes had to be coordinated thru the Division Surgeon, Corps Surgeon, Womack Chief of Personnel, Forces Command (FORSCOM) and Health Services Command (HSC). We never had a current roster and changes often took 90 days to take effect.

• PROFIS Shortfall: PROFIS only identified 22 (85%) of 26 total physician requirements.

• Nondeployable Residents: 2 (9%) of 22 PROFIS physicians had completed less than 50% of their residency training programs (considered nondeployable).

• Nondeployable PROFIS: 3 (14%) of 22 PROFIS physicians and 2 (17%) of Physician Assistants were nondeployable (pregnancy, sole parent, other medical conditions).

• PROFIS Double Slotting: 1 (5%) of 22 PROFIS physicians was double slotted with another unit.

• Specialty Mismatch: 14 (64%) of 22 PROFIS physicians had medical specialties which closely matched the MTOE. PROFIS nuclear Medicine, pathology, dermatology, pediatric immunology and pediatrics specialists offered disputable utility to our mission.

• Service Chiefs: 2 (9%) of 22 PROFIS physicians were high ranking specialty chiefs whose commander's wouldn't release.

• Ft Bragg Based PROFIS: Although 90% of all PROFIS assignments were stationed on Ft Bragg, nondeployability factors (identified above) offset the benefits.

- Airborne PROFIS: Only 4 (18%) of PROFIS was airborne qualified and able to support an airborne delivery option.

- Unit Familiarization: Only 5 (28%), of 18 PROFIS physicians eventually deployed, had previously trained with the battalion or were prepared for overseas movement (both HSC responsibilities).

- Substitutions: 15 (68%) of PROFIS physicians and 2 (17%) Physician Assistants required substitution prior to deployment.

3-4.3 PROFIS Negotiations with MEDDAC Commander

On 7 August 1990, I talked with Colonel Ogden DeWitt, Commander of WACH about our deployment needs. Col DeWitt had been the Corps surgeon during Operation Just Cause and had worked with the battalion very closely before. We considered him trustworthy and a good friend of the battalion. During the first day of the alert, we coordinated professional fillers for one surgical squad and one medical company. That was all we anticipated needing to support the DRB. Col DeWitt helped facilitate keeping our Troop Medical Clinics open to service families and troops while preparing to deploy. He also assisted in the emergency procurement of 16,000 (2.5cc) doses of Gamma Globulin vaccine. The 3,000 doses we routinely maintained for a Brigade sized deployment was quickly running out as we began to prepare processing another brigade.

On 8 August 1990, I began detailed coordination meetings with the WACH Commander and his staff. Other XVIII Airborne

Corps medical units attended the meetings, everyone anxious about their unit's PROFIS status.

I was the only MTOE commander and the highest ranking representative at the meeting. Anticipating a frenzy to grab all available WACH staff, I knew I had to give the negotiations my personal attention. This strategy paid great dividends because I was able to mitigate what would have been a 44th Medical Brigade slanted process. As it turned out, I was able to keep WACH negotiators focused on the 82d Airborne Division's priority for deployment. There was spirited give and take between all the deploying medical units, but I left the meeting convinced we received the best PROFIS package. Col DeWitt was very instrumental in fixing most of the Division's immediate PROFIS shortfalls (identified in 3-4.2 above), at great expense to his own operations. I'd never recommend delegating PROFIS issues below the commander's level, especially during a deployment.

3-4.4 Deployed PROFIS

When I went into the WACH PROFIS negotiating meeting, I had a firm grasp of exactly the numbers and types of professional fillers we needed.

By MTOE I required 26 PROFIS physicians. Five of these positions were designated to fill command positions; the battalion commander (my own) and the four company commander positions. I never had any intentions of changing over my MSC company commanders, and certainly not my own position. So I was able to reduce my requirements from 26 to 21. After all PROFIS

negotiations, I was able to identify 19 physicians to deploy, two short of my identified requirements. I was also short one Medical Surgical Nurse, which I was never able to get filled throughout the deployment.

By October 1990, for reasons the Division Surgeon and I agreed to, I assigned our Preventive Medicine physician, Colonel Odonnel, to the 44th Medical Brigade. That put our deployed physician strength at 18, which was what I trained with for the attack into Iraq. I kept asking for two more physicians, to balance out my Forward Support Medical Companies (FSMC) with four physicians each. I received four additional physicians (3-Active Duty; 1-Reserve) on 4 March 1991, eight days after crossing the Line of Departure (LD) into Iraq. The Division Surgeon and I considered making an issue of the two physician shortfall, but from August 1990 thru January 1991, with no hint of a ground war, we were more concerned with keeping them professionally occupied than asking for two more. By the time the offensive was confirmed, we had lost theater priority for physician fill. On retrospect, I should have used the Division's early deployment priority to acquire all PROFIS requirements, and not take a "wait and see" approach or second guess whether we would really attack or not.

3-4.5 Miscellaneous PROFIS Issues

Laymen can't begin to comprehend the PROFIS complexities. There are so many variables involved. Individual medical specialties, competencies and professional skill reputation;

status within residency training programs; rank and duty position affecting clinic, service or department operation; personality of the individual and parent unit commander; political connections and affiliations; and more. Several PROFIS vignettes should illuminate just some of the unusual complexities encountered:

- Pick a War: A maneuver battalion PA called a General Surgeon friend of his (not on the PROFIS roster), assigned to Ft Leonardwood, just out of residency training and alerted him to deploy. The appearance of a General Surgeon, who left his installation hospital, without authentication and showed up to deploy with a maneuver battalion aid station caught the Division Surgeon and myself completely by surprise. It highlights the lack of PROFIS alert and administration controls in place. Similar events occurred in other non Division units during Operation Just Cause. Since I had already negotiated for our surgical team, we later released this surgeon to return to CONUS, as we couldn't justify assigning a critical surgical specialty to a battalion aid station, where his skills couldn't be employed. He was later properly assigned and deployed to another theater hospital. When contingencies arise, with their potential for combat patches, medals and "I was there" notoriety, some people will go to any lengths to get involved.

- Inprocessing: The irregular arrival of PROFIS physicians into the battalion caused problems for the individuals and the unit. By doctrine, PROFIS would have already received a mission briefing, their deployment clothing, packing lists, etc.,

from prior association and training with the unit. Because of PROFIS shortfalls already identified, this didn't occur. The PROFIS arrival during the time medical companies were fully absorbed with outloading was most inopportune. When PROFIS individually arrived at the companies, most expected some considerable attention to getting them ready, answering questions, etc. Some came for a few hours of work, then returned to WACH to unload patients they had scheduled. Some understood, most others felt slighted and poorly treated. I didn't pay close enough attention to the issue and failed to anticipate it as a problem. The companies were frustrated by the demands of the PROFIS fillers; they didn't feel we should coddle them, treat them any different than our own paratroopers. The fact was, we could have done much better in presenting a professional first impression and appearing organized to receive them. Unhappy, frustrated and hostile physicians shouldn't be ignored. I learned this over and over.

- Family Support Group (FSG): PROFIS fillers arrived already belonging to parent unit FSGs. It took awhile to sort out who would do what. In any case, it was an extra aspect that had to be coordinated throughout the deployment. PROFIS wives had to straddle two units, methods of notification, systems of information about what was happening, etc., and it was a headache till the end.

- Personal Agendas: The Division Aviation Brigade deployed with a non-PROFIS designated flight surgeon from Ft Sam

Houston who had asked to deploy with the Division. Sometime in November 1990, when most physicians were getting anxious about extended duty in the desert, this physician decided he had more important duties at his CONUS home station, so he redeployed without coordinating with the Division Surgeon. When offensive operations occurred, the Aviation Brigade went one physician short.

- Specialty Board Testing: Four physicians had specialty boards scheduled in October and November 1990. Time had to be provided for them to study, redeploy to CONUS and find opportune aircraft to return to Saudi Arabia. Not allowing them to return for Board testing would have resulted in significant career setbacks.

- PROFIS Administration: Because long term PROFIS deployments had never been practiced, personnel arrived with DD Form 1610 Temporary Duty forms and other miscellaneous orders. Reporting directly to the battalion bypassed the Division's personnel system for accountability, Efficiency Reports, pay and other entitlements.

3-4.6 PROFIS Readiness Issues

The bleak PROFIS shortfalls identified above were known to me prior to deployment. I was never overly concerned about the PROFIS problem. First, I never anticipated a division level deployment and second, I felt very comfortable that the WACH commander would provide full support as required. I played long odds on the PROFIS issue and never made a Unit Status Report

(USR) issue of it with the Division Commander. He would have surfaced it with Department of the Army, who would have tasked the Army Surgeon General to solve the problem. I consciously didn't want to create a high level stir about a system I felt was too complex and couldn't be fixed. I focused solely on maintaining a Ft Bragg based PROFIS element of 1-General Surgeon, 1-Nurse Anesthetist and four Physician Assistants or General Medical Officers to support a deploying DRB.

Reflecting on my ODS/S experience, I should have made PROFIS a USR readiness issue and forced the Surgeon General to fix the system. Considering that the 82d Airborne Division represents the nation's only airborne, rapid deployment, contingency division, the AMEDD must at least have this piece of the PROFIS puzzle fixed.

3-5.0 Medical Battalion Personnel Deployed

We deployed in August 1990 under MTOE 08065LFC82 with an effective date of 890928. In November 1990, we converted to an updated MTOE with an effective date of 901014 (Appendix B). The only difference between the MTOEs were the loss of four cooks (one E-4 from each company) and the consolidation of all cooks into the Headquarters and Alpha in Company in the new MTOE.

3-5.1 Personnel Status

Figure 2 depicts the battalion's deployed strength figures throughout the deployment:

	OFF	PROFIS	WO	PROFIS	EM	CORPS ATCH	TOTAL
AUTH	31	8	5	0	294		338
REQ	26	32	5	7	294		364
ASSIGNED							
7 Aug 90	30		4		268		302
DEPLOYED							
16 Aug 90	17	12	3	6	117		189
31 Aug 90	18	22	3	9	202		254
30 Sep 90	25	22	3	8	238		296
30 Oct 90	27	21	3	6	257		314
30 Nov 90	27	18	5	6	260		316
30 Dec 90	28	22	4	7	278		339
28 Jan 91	29	22	4	7	289		351
15 Feb 91	32	22	4	8	303	99	468
3 Mar 91	29	26	4	8	294	104	461

Figure 2 Operation Desert Shield/Storm Personnel Strength

The chart depicts the gradual strengths increases throughout the deployment. Deployed strengths increased as airflow was made available. Division issued guidance in November 1990 to deploy all unit personnel, less essential rear detachment personnel. By December 1990 and January 1991, we received all but 19 (1 officer; 18 enlisted) battalion personnel who remained at the Ft Bragg rear detachment. We also began receiving new replacements, who in many cases, were excess to our requirements.

Personnel Status Reports (PERSTAT) fluctuated daily as

personnel went on emergency leave, returned to take medical boards, returned from attachments within the Division, etc. I reviewed the PERSTAT in detail each day, making sure we had everyone accounted for. At various times during the deployment, we had people simultaneously assigned to multiple support locations, making personnel accountability a real challenge.

3-5.2 Brigade Fillers

A Division policy stipulated that the medical battalion provide deploying maneuver brigades with medical personnel to fill their shortages. During Operation Just Cause, when the battalion provided eight fillers to one brigade, the impact was negligible. It was a different situation during Operation Desert Shield, when the battalion faced having to fill out three brigades.

The medical battalion was tasked to provide 24 medic fillers to the three brigades. As the deployment was carried out, nine of the 24 medics were returned to the battalion as brigade medics on leave, TDY, schools, etc., returned to deploy with their parent units in August 1990. The remaining 15 medics (1 officer, 14 enlisted) stayed attached to various brigades until mid-October 1990, when replacements started showing up in Division.

3-5.3 Deployed Females

The 82d Airborne Division, with its airborne mission, is largely coded with male positions. All female medics assigned to the Division were further assigned to the medical battalion. I

routinely had 16 to 20 females (roughly 7% of battalion strength) assigned to the battalion. During ODS/S, we deployed a total of 2-Officers, 3-PA Warrant Officers and 20-Enlisted medics, a total of 25 females (roughly 7% of our highest deployed strength). One unmarried female was returned for a CONUS derived pregnancy she was unaware of prior to her deployment. Females provided reliable, competent support to the Division in a variety of roles. They were especially useful in the treatment of military and civilian patients. Females were not routinely employed forward of the brigade rear boundary or in the brigade support areas (BSA).

3-5.4 Soldiers Returned to CONUS

We returned 30 soldiers (8.5% of our highest in-country strength) to CONUS for reasons outlined in Figure 3.

3-5.5 Rear Detachment

Reasons 30 Personnel Were Returned to CONUS

- 63% Emergency leave.
- 13% Specialty board examinations/medical conventions.
- 24% Official duty reasons.
- 37% of personnel redeployed to CONUS never returned to Saudi Arabia for the following reasons:
 - 9% Medical nondeployability.
 - 9% Pregnancy.
 - 27% Official duty.
 - 55% Family/personal problems.

Figure 3 Personnel Returned to CONUS Early

Selection of a competent, leadership capable rear detachment was an important factor in completing the deployment of critical vehicles and equipment, sustaining the families of deployed soldiers and maintaining routine battalion operations.

Based on Division guidance to deploy only essential personnel, the CSM and I roughed out an initial rear detachment roster which we presented to company commanders for review. Nondeployables were listed first. These were our pregnancies, conscientious objectors, hospitalized, schools and severe family problem soldiers. Next, we added key functions which needed to be staffed by good people. These were the mail room, dinning facility, unit and medical supply rooms, personnel administration center, motor pool and rear detachment company staff. Last, we added personnel who were about to ETS, PCS, or execute reenlistment schooling options.

We ended up with approximately 50 personnel remaining in the rear detachment. As the Department of the Army "Stop Loss" program came into effect, our ETS, PCS category soldiers became deployable. When Division issued guidance in November 1990 to deploy all (less essential rear detachment) personnel, we reduced the rear detachment down to 20 (5% of our highest battalion strength).

3-5.6 Miscellaneous Deployment Problems

Although the Division routinely practices no-notice, worldwide, 18 hour wheels up deployments, several aspects of longterm deployment were not practiced.

Personnel with chronic medical illness, on longterm specialized medication, became immediate problems as they attempted to acquire six months worth of medication. The problem was really amplified throughout the Division as this category of person identified themselves in theater, where our austere medical supply availability couldn't support them. This is a readiness issue, not simply solved by simply handing out several months worth of medication. Personnel need follow up care (preferably by the physician who has worked them up and carefully monitored their condition), adjustment in dosage and access to health records (not deployed). Medications themselves have potency dates and environmental restrictions which makes handing out months worth of medication imprudent.

Not all paratrooper's families were as tough and ready to support a longterm deployment as they were. Although I only had six (2% of our highest strength) significant family related problems, they were sufficient thorns to warrant eliminating them as problems in the first place. These were some of the more interesting cases:

- Case 1: A mother wrote five Congressional letters (representing a significant time investment in replying) because she didn't want her son in a war zone.

- Case 2: Two paratrooper's wives became emotionally distraught, making incessant calls to my wife and others, threatening to do anything to get their husbands to return.

- Case 3: A young soldier got married inside the CMA

the day before his deployment. This young girl stripped his account and ended up penniless on the battalion doorstep.

- Case 4: A divorced First Sergeant's son, in legal custody of his mother, showed up penniless on the battalion doorstep because his mother threw him out of the house.

- Case 5: A legally separated soldier's wife, with a history of mental disease, showed up penniless with two children on the battalion doorstep.

Several soldiers had plants, fish aquariums, snakes, lizards and other pets in their billets and off post apartments. When they deployed, it created a significant disposition problem, not knowing how long the deployment would last.

Bachelors living off post in apartments, some sharing leases with soldiers from other units (some nondeploying), had significant problems to deal with in a short period of time. Not knowing how long the deployment would last, decisions to cancel leases and store household goods were delayed. By the time the decision could be made, the soldier was long deployed and the rear detachment incurred added burden in resolving the problems.

3-6.0 Medical Battalion Equipment Deployed

Deploying the battalion's equipment represented the most complex, changing and frustrated process that confronted the staff and I. Division guidance on what to take changed from "go austere" to "take it all", which greatly affected our load planning. DISCOM fought Brigades for aircraft chalk space and battalion fought DISCOM for priority to deploy medical systems.

Guidance was first given to load all vehicle cargo space with equipment. Later, when units couldn't haul what they had shipped, guidance shifted to sending empty vehicles. Brigades failed to invest significant portions of their chalk allocations for deploying their supporting DISCOM slice elements. This resulted in the medical battalion headquarters having to use it's own allocations to deploy assets to support the brigades.

3-6.1 Priority Vehicle Listing (PVL)

Division units were tasked to develop PVLs, listing bumper numbers, weights and associated passenger lists to deploy with assigned aircraft chalks. Aircraft chalk priorities were assigned by Division based on the deploying brigades requirements.

Within DISCOM, the Medical Battalion, Supply and Transportation Battalion, Maintenance Battalion, DISCOM staff and Division Materiel Management Center competed for priority chalk space. Based on the DISCOM chalks allocated, priority was given to the S&T battalion. DISCOM placed little emphasis on deploying medical systems.

I've seen it demonstrated over and over again, in BCTP, CPX, FTX play and Operation Just Cause, that no one on the DISCOM staff understood medicine and it's battlefield requirements. Second, DISCOM's nonmedical orientation allowed them to focus on systems they understood and felt comfortable with. Third, Division's emphasis on 'beans, bullets, repair parts and transportation' focused the DISCOM on supporting these aspects of

logistics, to the detriment of medical support.

These are some of the reasons why the Army's move to multifunctional units is unsound. I've met few non-medical officers who had an appreciation for medical aspects of the battlefield. The functional medical battalion commander has the best technical knowledge, operational expertise, visibility and control of all Divisional medical systems to ensure appropriate medical support.

Fighting for every chalk to get ambulances, equipment and supplies deployed, we developed dozens of PVL renditions. Numerous changes occurred to the PVL as aircraft configurations changed, vehicles got bumped, weights recalculated, Division priorities changed, opportune aircraft showing up, etc.. With every change in the airflow, our SOP equipment packages also changed as we had to recalculate the priority of every piece of equipment.

By 17 August 1990 when I deployed with the battalion headquarters, we had settled on the battalion's PVL. This was essential for coordinating the efforts of the rear detachment and the headquarters in Saudi Arabia. The only difficulty we had was tracking the status of our equipment shipped by sea. Once equipment was assembled at the port in Wilmington, NC, it was loaded differently than specified by the PVL. Prime movers would be loaded without the trailer, or vice versa, creating a problem at the receiving end, having to move the equipment.

A major opportunity the Division lost in deploying itself

was on 12 August 1990. The 82d Airborne Division was offered a major sealift opportunity (when everything else was moving by air). The Division Commander was widely quoted as saying "we are Airborne and no one from the 82d Airborne Division will deploy by ship"! I'm sure he lived to regret his words and missed opportunity.

The battalion met all it's chalk commitments and deployment schedules. When we discovered that 463L pallets were frequently used to fill odd spaces, we built 18 pallets and had them deployed by air, giving us a significant edge over other units who didn't consider this means of shipment. We deployed all but one 5-ton truck full of medical supplies in this manner, allowing us to sustain the Division, while the Corps/theater medical supply operation floundered.

An interesting aspect of our crucial PVL development and management was the return of the battalion's former S-3, CPT Mark Polhemus. He had ETSd in May 1990 and was on leave in Fayetteville when the deployment occurred. Cpt Polhemus showed up in the battalion and asked if there was anything he could do. He got a BDU uniform, a haircut and ended up developing and managing the entire PVL with the DISCOM and Division staff. His work allowed me to deploy the functioning S-3 to Saudi Arabia on 9 August 1990. Although we tried to get him brought back on active duty, we were unsuccessful. He kept working 20 hour days in the battalion until early September when he returned to his medical prep-school. He was a major contributor to the

deployment process.

3-6.2 Vehicles and Trailers Deployed

Figure 4 should be very useful for any deployment analysis of the equipment we deployed and operated.

Total Aircraft Chalks Employed: 33 portions of C-141 and C-5A aircraft moving 62 prime movers and 20 trailers.

Total Sealift Ships Employed: 2 ships (Tampa Bay and Cape Farewell) moving 21 prime movers and 4 trailers.

Total Standard USAF 463L Pallets Shipped: 18 pallets.

Major Equipment Deployed:

	M996	M998	M35	M149	M101	M105	MKT
AUTH	32	62	24	8	24	16	4
CUM DEPLD							
31 Aug 90	12	30	13	4	7	1	1
5 Oct 90	21	33	18	8	7	2	1
18 Dec 90	31	33	19	8	10	5	1
PCT DEPLD	97%	53%	79%	100%	42%	31%	25%
PCT LEAN Requested	50%	44%	42%	50%	54%	38%	0%

Figure 4 Major Equipment Deployed to Saudi Arabia

Some points that need to be made are as follows:

- When told by Division to go lean (personnel and equipment), the battalion anticipated receiving only 45% of its prime movers, 50% of its water trailers and 48% of its general purpose trailers.

- By the time Division gave guidance in September and October 1990 to deploy for the 'long haul', our Division had lost

air and sealift priority. By then, although we attempted to deploy 100% of our vehicles and trailers, we only received 70% of our prime movers, 100% of our water trailers and 63% of our general purpose trailers.

A weakness in our deployment planning was failing to analyze each company's deployment plan. Given the limited guidance and imperfect vision of what mission we'd be supporting, each company deployed with widely varying densities and types of vehicles and trailers. A contributing factor to this condition was the Division's emphasis on light airborne operations. Although we practiced rapid deployments routinely, we focused on four vehicle airdrop packages and ten vehicle airland packages. The Division never trained for 100% vehicle and personnel loadouts. I should have performed a better front end analysis and rationale for what we should be deploying.

We recognized from the beginning that our transportation shortfall imposed significant mission impairments. We had no single lift capability of personnel, equipment or patients. Despite repeated reporting of our situation in the daily Combat Power Report and Commander's Narrative, the rest of the Division was in the same relative position.

3-6.3 Medical Equipment Deployed

All companies initially deployed what we called an "Airfield Seizure Package." This four vehicle cargo HMMWV (M998) package was loaded with a known, well rehearsed assembly of medical supplies and equipment. From a treatment standpoint,

each package carried the following:

- Three Advanced Trauma Life Support (ATLS) modules; four chests each (12 medical chests total). Contained emergency drugs, bandages, supplies and resuscitative instruments.

- One IV Additive Chest; all necessary IV medications and starter kits.

- One Pharmacy Chest; pharmaceutical resupplies.

- One Patient Hold Module; three chests containing patient sustainment supplies.

- One Noncombatant Treatment Module; pediatric, obstetrics and civilian related treatment supplies.

- One Surgical Module; operative supplies for 4-6 emergency operative cases.

- One Anesthesia Module; anesthetics for 20+ surgical cases.

In addition to the four vehicle package, each company deployed a variety of sustainment medical supplies and equipment. When we thought we were deploying to support a mission, limited in duration and scope, we didn't deploy our heavier equipment; X-Ray, Dental, canvas tentage, cots, autoclaves, and miscellaneous support equipment. Appendix C, MTOE and CTA Items at Home Station, identifies the MTOE and CTA items of equipment remaining at Ft Bragg on 23 November 1990. It also identifies the equipment we identified for deployment and subsequently received by 463L pallet, after Division issued guidance to prepare for a full mission capability. Appendix D, Medical

Equipment Nondeployed, identifies medical specific equipment nondeployed after we had performed a full mission analysis.

3-6.4 Narcotics Deployed

Appendix E, Deployment Narcotics Issued, depicts the major narcotics items issued to Divisional medical officers. What should be noted are the various inconsistencies in numbers and types of narcotics issued. Some medical officers didn't pickup any narcotics prior to their deployment. When the Division Medical Supply Officer (DMSO) deployed on 17 August 1990, they carried the Division stocks of narcotics. We issued the remaining narcotics shortly after arriving in Saudi Arabia.

I observed the same narcotics inconsistencies during the Operation Just Cause deployment. We later picked this issue up in our MIPR panel and developed an eight line standardized DA Form 3161, Request for Issue, narcotics form. Some medical officers elected to take some or all of the line items, which slowed down the prepacked narcotics issue and complicated paperwork. We obviously had failed to ensure a standardized narcotics package was issued and deployed with each officer.

3-7.0 Maneuver Brigade Medical Deployment

The Division's maneuver brigades deployed with a wide variety of medical assets. This was an important aspect of the deployment because it served as a basis upon which the Division Forward Support Medical Companies (FSMC) would build their deployment packages.

The average Battalion Aid Station (BAS) deployed with 72%

of their treatment sets and 58% of their evacuation assets. Given responsibility for deploying their habitually supporting slice elements from the Forward Area Support Team (FAST), the brigades gave little priority to deploying the FSMC that would support them in the contingency area.

3-7.1 Brigade Support for the FSMC

The brigades provided air chalk space to deploy 24% of the FSMC treatment assets (personnel and equipment) and only 13% of Division level ambulance evacuation assets. The significant remainder of the FSMC assets were deployed using DISCOM deployment allocations.

This phenomenon characterizes many of the problems with maneuver brigades controlling or directing the Division level medical support provided by the medical battalion.

Brigades typically want to control everything. In the case of Division level medicine, they don't have the background experience. Brigades don't have the medical staff expertise to comprehend capabilities, task organize or prioritize Division level medical personnel and equipment. They failed to monitor their own BAS deployments and further shortchanged their supporting medical capabilities by failing to apportion sufficient chalk space to the FSMC. Not a single brigade requested additional air or sealift space to deploy the remainder of their supporting FSMC. The task fell, by default, to the medical battalion, which was forced to compromise the deployment of its own HQ&A company.

Normally supporting the Division Support Area (DSA), an area at least three times larger than an average sized Brigade Support Area (BSA), HQ&A Company had to give up it's own deployment allocations to complete the deployment of the FSMC. The DISCOM commander issued guidance that I was not to employ DISCOM air allocations for brigade slice assets. Yet I was forced to ignore his guidance because I knew I'd be tasked, one way or another, to support the brigades with whatever assets I had managed to deploy.

3-7.2 Brigade Medical Systems Deployed

Incredibly, shortly after arriving in Saudi Arabia, brigades tried to detach FSMC assets (that I had deployed with DISCOM allocations) to make up for the BAS shortages they had failed to deploy. Brigades never cross leveled their shortages of medical personnel, supplies or vehicles. Instead, they relied on the FSMC to make up the shortages.

Figure 5 depicts the major medical systems deployed by the maneuver brigades and their major supporting units.

Several points require added emphasis:

- Maneuver Battalions: There was wide disparity between units in medical items and quantities deployed. Although it appears maneuver brigades initially deployed with 80% of their authorized treatment MES, some battalions deployed with as little as 60%. Two of the three brigades failed to send any additional MES by sealift when it was available. Some units deployed without their NBC MES or medical resupply chests. This major

	BAS MES A-ECH	NO MES B-ECH	NO CLS PERS DEPL	NO CLS BAGS DEPL	AMB DEPL A-ECH	AMB DEPL B-ECH
1st BDE						
Cbt Bns	75%	0%	280	150	67%	17%
Arty Bn	0%	0%	13	9	0%	0%
FAST	NA	NA	3	2	38%	62%
TOTAL	56%	0%	296	161	52%	33%
2nd BDE						
Cbt Bns	83%	0%	195	210	42%	25%
Arty Bn	59%	0%	19	19	0%	100%
FAST	NA	NA	10	9	0%	100%
TOTAL	77%	0%	224	238	24%	57%
3d BDE						
Cbt Bns	80%	8%	226	131	75%	8%
Arty Bn	13%	87%	55	55	100%	0%
FAST	NA	NA	8	2	25%	75%
TOTAL	63%	28%	289	188	57%	33%
DIV TOTAL	66%	9%	809	587	44%	41%
Notes:						
1. BAS MES: BAS Medical Equipment Set, consisting of 32 chests (ATLS, NBC, Sickcall, Aidman and Resupply).						
2. A-ECH: Alpha echelon; representing the first block of priority vehicles/personnel deployed by air.						
3. B-ECH: Bravo echelon; represents the second and subsequent blocks of lesser priority vehicles/personnel deployed by air or ship.						
4. CLS: Combat Lifesaver; non-medic, 1-per squad, trained in advanced basic first aid; carries a CLS aidbag.						
5. AMB: M-996 (2-litter HMMWV ambulance). Authorizations; Combat Bns - 4 ea; Artillery Bn - 2 ea; FSMC - 8 ea.						
6. Cbt Bn: Combat maneuver battalion; 3 - per Brigade.						
7. Arty Bn: Artillery Battalion; 1 - per supported Brigade.						
8. FAST: Forward Area Support Team; 1 - per supported Brigade.						

Figure 5 Major Medical Systems Deployed

shortcoming was quickly reflected in the immediate requests for Class VIII supplies upon arrival in country. Initially deploying with an average of 66% of authorized ambulance evacuation assets, one brigade deployed with as little as 42%, and one battalion deployed with no ambulances. This same battalion, with its recognized shortfall, eventually deployed only 50% of its assets. Brigade Surgeons didn't issue medical deployment guidance for their major combat units and didn't know what they had deployed until the medical battalion made the assessment.

- Artillery Battalions: The three artillery battalions initially deployed 59%, 13% and 0% of their authorized MES. One battalion never deployed any of their MES, making up all their shortages in-country. Only one battalion initially deployed with its one authorized ambulance. One battalion never eventually deployed its evacuation asset. All these shortages were made up by the FSMC.

- Combat Lifesavers: Although there is a flexible margin for the correct number of supporting Combat lifesavers within a brigade, were generally well distributed within the brigades, with two brigades supporting from 16% to 43% more lifesavers than another brigade.

- Combat Lifesaver Aidbags: Two brigades deployed with an average 44% shortage of Combat lifesaver M-3 aidbags. The majority of these shortages were made up in country despite the theater shortage.

3-8.0 Family Support Group (FSG) Activities

The Division activated it's Family Support Center sometime on 7 August 1990. The first FSG briefing for families of the DRB 1 deploying brigade was scheduled in the Division theater on 8 August 1990. The theater was packed full of concerned and tense spouses. They were crowded in the aisles with their crying babies and young children. You could barely hear the briefing.

On 9 August 1990 when they knew the remainder of the Division would deploy, Division scheduled additional FSG meetings in the theater. I conducted four supplemental medical battalion FSG meetings on 9 and 10 August 1990 with morning and evening sessions. My wife, Petra, attended these meetings with me and served as the spouse focal point for FSG guidance and direction.

The meetings were conducted in the North Chapel and were well attended by spouses. I presented a general overview of what was happening in the Division and outlined the medical battalion deployment schedule as I knew it. Petra and I issued paper handouts with Post Office and address information, guidelines and restrictions for mail, Red Cross and Army Emergency Relief and other helpful installation points of contact. We also reviewed the battalion plan for the FSG chain of notification, describing how spouses would get information and how they should request it.

No one seemed satisfied with the information we could provide them. Few seemed prepared to accept the notion that their spouses would actually deploy. Some common questions asked

were:

- "When is my husband leaving" and "when is he coming back."

- "Should I cancel our family reunion?"

- "Do we have to cancel our leave?"

- "Should I cancel my surgery?"

- "Should I go home to my mother?"

All I was able to answer was, "I can't tell you, I don't know myself." When I saw that approach wasn't very consoling, I told them to plan on a six months deployment. This was a better approach to the open ended one offered by Division.

I heard many interesting problems and concerns. The PROFIS filler wives, even further alienated to a division than their deploying husbands, had many additional concerns. They were interested in their husband's monthly Leave and Earning Statements (LES), how they would receive it, where they would go for administrative assistance (parent unit or the battalion), how they would collect their husband's pay bonuses, how they would receive mail, etc.. We decided that all the PROFIS wives would be contacted by my wife or Chris Sadlon, the Executive Officer's wife, to eliminate contact confusion and centralize information flow. Some, but few, PROFIS spouses maintained active social contact with their spouse's hospital department or clinic wife's group, which provided an additional and oftentimes contradictory source of information.

As if the deployment wasn't stressful enough, some of the

wives, representing the senior leadership in the Division, made life more difficult. You could see many of them scampering about, trying to out do each other's brigade, battalion, etc.. Provide the most information, the most accurate, the most meetings, the most handouts. They strove to be recognized as doing the most, being the best loved FSG leader, etc.. Their compulsiveness drove some of them to make all sorts of suggestions and directions about what and how to do everything. Excessive compulsiveness caused some to gossip about who wasn't doing as much and whose ladies were happy and unhappy. In one incident affecting our own battalion, the Division Artillery Commander's wife called the DISCOM Commander's wife and reported that one of the medical battalion wives was unhappy because she wasn't getting any information. My wife and I knew this couldn't be true, but the meddling pressure put to bear on us in the middle of a deployment was unbelievable and outrageous. Fortunately, the DISCOM Commander's wife, Mary Bryant, was a strong, confident woman who stood up to the pressure and refused to let outsiders interfere.

Some battalion wives became bizarre acting. The stressful reaction of these mostly young wives was unexpected and never failed to provide a challenge. I was so upset in some cases, that I considered firing their husbands. My wife's better judgement prevailed and I allowed her to work out the issues with the wives concerned.

The few FSG snags encountered in the deployment phase

were nothing in comparison to the unimaginable occurrences and raw nerves which were exposed over the nine months of deployment.

I must acknowledge, my wife was more deeply involved in all aspects of the FSG operation than I was at any time.

Although I'd like to think I was fully in control of all FSG activities, I wasn't. I was in Saudi Arabia, professionally challenged, preparing the battalion for battle. Petra had the hardest, most stressful, unrewarding and yet most important job in the battalion. She supervised and took care of all the families while the battalion was deployed.

CHAPTER 4

BUILDUP AND TRAINING OPERATIONS

4-1.0 Introduction

Buildup and training operations occurred from the 307th Medical Battalion's arrival in Saudi Arabia, in August 1990, until late January 1991, when the battalion moved to its Tactical Assembly Area (TAA). Operationally, this time period included the defense of Saudi Arabia and preparation for ground combat operations.

Representing over five months of time, this phase of the deployment was the most challenging and productive. Arriving in Saudi Arabia as part of the nation's first contingency force, the battalion established its base camp and continued to support the 82d Airborne Division, amid the uncertainty of "what happens next?" and "how long will we be here?"

Underlying this period of operation was the threat of an Iraqi attack into Saudi Arabia. Iraq's huge massing of troops along the Kuwait border made periodic intelligence reports of an impending attack believable. At one period, intelligence analysis bracketed the most probable date and time of the attack based on an analysis Saddam Hussein's previous attack record. Everyone prepared and waited, but no attack ever came. Nevertheless, we operated during this entire time with equipment uploaded, prepared to move with less than four hours notice to new locations. This constant need to be packed, uploaded and prepared to move was stressful on everyone and affected all

aspects of our operations.

The entire period was most visibly marked by the arrival of new units streaming into theater. The 82d Airborne Division was the first division to arrive in country and mark out it's territory. With each passing day, the Division shared it's priority for theater resources with more and more units. In August, the 82d Airborne Division was the only visible unit in country. On the highways, the Arabs would honk their horns and wave the two-fingered victory sign to us. In downtown Dhahran, Ad Dammam and Al Khobar, people treated us like heroes. By September and October, units of the 24th Infantry Division and 101st Air Assault Division became visible, along with hordes of XVIII Airborne Corps staff and Corps Support Command (COSCOM) troops. The highways and towns became quickly crowded with military traffic and personnel. By January 1991, when we moved to our TAA, Saudi Arabia's Eastern Province bore little resemblance to the quiet sector we deployed into; it looked as busy and structured as the Corps sized post at Fort Bragg, North Carolina.

There was always plenty to do. Being in a distant country, away from family and personal distractions, represented the ultimate training environment. Something rarely achieved at home station. The constant real world threat, the absence of alcohol, cars, drugs and leisure activities thrust everyone into a Spartan, hard work existence. Unconstrained by the typical Division work schedule of Monday thru Friday, 0630 to 1730 hours,

with most weekends off, the Desert Shield deployment allowed us to work seven days a week, 16-18 hours a day. There wasn't much else to do. As a result, we trained hard and took every opportunity to prepare ourselves for supporting the battle.

We were presented with many challenges. The hostile desert environment, at first hot, then frigid by the time of our movement to the TAA, took some adjustment. The lack of resources, such as training manuals, classrooms and training aids required initiative to overcome. Increasing numbers of Corps level medical units competed for scarce host nation training opportunities. This constrained environment generated a sometimes intensive competitive atmosphere that was very exciting. There were tremendous opportunities available. Yet I watched as some medical leaders and units floundered, letting the environment overcome them with discomfort, uncertainty, boredom and infighting. I had been isolated for weeks in enough cramped aircraft hangers waiting for a special operations mission to be executed to know what boredom and failure to direct unit members could do to ruin a unit. I had a clear vision of the opportunities that presented themselves and was determined to to set high goals and objectives for the battalion, win every initiative and overcome every obstacle.

4-2.0 Occupation of the Base Camps.

CSM Gibson, SP4 Malone and I arrived at Dhahran International airport at 0235 hours on 18 August 1991. After linking up with the DISCOM Liaison Officer (LNO) inside the

terminal, we assembled our vehicles in a marshalling area and waited seven hours and 24 minutes for a guide to arrive and lead us to the 82d Airborne Division's base camp.

We traveled forty five miles due north along the modern, six-lane, Al-Jubail highway. After one hour and forty four minutes of driving in the most intense, dry heat I had ever experienced, we drove into the front gates of "All American City".

Word had reached us back at Fort Bragg, even before the battalion deployed, that the Division had secured a modern "city" for it's base camp. No one could quite understand how the Division could occupy a city. When I saw "All American City", it all became clear.

"All American City" was the Division's name for a Saudi Arabian Ministry of Defense and Aviation (MODA) air defense installation in Abu Mann (Appendix F). The name changed to "Champion Main" on 7 September 1990, when the Saudi Arabian government supposedly objected to the connotation of an all "American" city in their country.

A brigade sized post, the facilities were brand new and within a few weeks of being turned over by the Korean contractors to the Saudi Arabians for occupation. Every aspect of the installation represented the richness and splendor of Saudi Arabian oil money. The post was beautiful in all aspects. It was just too small to house the entire Division. By dispersing some units, it worked.

The streets were lined with palm trees and patches of wild desert flowers, all centrally irrigated. All the buildings were modern white stone, landscaped with desert palms and thick flower beds. The outdoor stadium housed a natural grass soccer field and rubberized running track. Adjacent to the stadium were lighted tennis and basketball courts. The post gymnasium housed an Olympic sized indoor swimming pool, basketball court, racketball courts, billiard room, weight room and table tennis room. There was a small clinic, movie theater and hobby shop. A fire station, water treatment plant, greenhouse, gas station, two Muslim mosques and numerous warehouses dotted the installation.

4-2.1 DISCOM Space Allocation

The first order of business I attended to in country was working with DISCOM to divide up it's allocated space for subordinate units. Since I was the only DISCOM battalion commander in country at the time, I had a command advantage in articulating and acquiring resources for the battalion.

On 19 August 1990, Col Bryant, the DISCOM Commander, toured the installation gymnasium and warehouse areas allocated to DISCOM by the Division. The CSM had previously walked the area and was prepared to argue our space requirements. We settled on the FSMCs bivouacing with their FASTs in the warehouse areas. The HQ&A Company received bivouac space in the gymnasium basketball grandstands. The battalion headquarters received the weight room. The large poolside area and basketball courts were initially off limits. The DMSO operated from one bay area in the

warehouse area. We acquired the clinic and two large rooms of the adjacent hobby shop for patient wards and overflow area.

As more troops poured into Champion Main, Division was forced to open up more space. Until October, the intent was for DISCOM to move out of Champion Main into it's own base cluster. The problems associated with this plan are discussed later.

When it was decided DISCOM would remain at Champion Main, Division opened up the entire gymnasium and other warehouse spaces. The wooden basketball floor was covered with muslin cloth and troops were billeted in rows on the floor. Final space distributions were renegotiated within the gym. We put the HQ&A company on the pool side viewing balcony. DISCOM had emptied the Olympic sized pool of water, much to the troop's disappointment, and it was often occupied by overflow troops. All DISCOM females were billeted in the handball courts. We acquired a rooftop shed for our female officers, a washroom for the CSM, a bowling alley pin room for HQ&A company physicians and a storage room for the XO and myself. We gained three bay spaces for the DMSO operation and lost one room in the Hobby shop to the Division mail room.

Although I felt the battalion got it's fair share of available space, my chief disagreement with the DISCOM commander was his favored treatment of the 407th Supply and Transportation battalion. When the 407th S&T battalion moved into a separate commercial compound, it was still allocated the large logistics and supply warehouse at Champion Main. I struggled to convince Col Bryant that the DMSO needed the warehouse for it's operation,

but he was never convinced. Consequently, the DMSO operated a busy division level customer warehouse in constrained spaces and the 407th S&T Bn used the logistics warehouse to store the Division's parachutes with no activity involved.

4-2.2 Medical Battalion Headquarters

The battalion headquarters staff, less the DMSO, operated out of the gymnasium weight room. Headquarters and Alpha company shared the space with us. One large room, it was well lighted and clean, interspersed with various exercise machines and free weights. During the month of August, when it was unclear if DISCOM would remain at Champion Main, the DISCOM rule was that no property could be moved from where it had originally been positioned. Consequently, we had to operate inefficiently around the minefield of exercise equipment.

In September when it became apparent that we were going to remain in the gymnasium, we moved all the exercise equipment into a corner, allowing us to functionally organize the room. Although we weren't supposed to operate the equipment, I allowed battalion soldiers to use the equipment in the early mornings and evenings. We used a 20 foot square Teakwood platform as our briefing area. Four pieces of 4x8 foot plywood backdropped the stage with area maps and briefing charts. By November, we had acquired an overhead projector, 35mm slide projector and other graphic devices. Eventually we acquired enough padded folding chairs to seat 30 persons.

Creating a professional briefing area in the center of

the headquarters served as a central meeting point to which everyone gravitated, felt comfortable in and received useful information from. Unfortunately, it drove the rest of the staff crazy because of the interruptions, but I believe it was the source of pride to everyone.

The one-room headquarters was interesting to work in. I could see everyone and they could see me at all times. I acquired many insights from this experience. I overheard all the company and staff problems, heard all the rumors and gossip and observed all the intricate operations that take place in a battalion. At home station I was isolated from these operations because everyone was physically separated from each other by offices or cubicles. I sometimes just sat and watched the panorama of people and activities in the room, amazed at what I could learn. As incomprehensible as it may seem, I attribute a large measure of our staff success to this fateful, one-room arrangement of the headquarters which forced shared information and cooperation.

In late October 1990, when the XVIII Airborne Corps forward Command Post (CP) moved to Champion Main, they removed the larger part of an Olympic weight set for LTG Luck's use. No one was crazy about a higher headquarters removing anything from our "domain" for their exclusive use. LTG Luck rarely visited his Forward CP and I doubt if he knew anything about where the weights came from, or the negative impression it created among the soldiers. Nevertheless, DISCOM and Division was only

interested in giving Corps what they wanted. This was an instance of how gaps and riffs are developed or sustained between headquarters.

4-2.3 PROFIS Quarters

As in most PROFIS matters, billeting required special attention and consideration. Nothing was ever easy in this regard. After all the PROFIS arrived in country and we had alligned them with their respective FSMCs, some physicians felt uncomfortable bivouacking with the troops. It was obvious to me that they felt disoriented, thrown into what must have seemed a primitive airborne culture. Some were very eager to assimilate into the company and become accepted. Others wanted to retain their physician association and hospital culture.

I was amenable to working with the physicians and letting them assimilate with minimum trauma. After some schemes to bunk in the patient overflow area failed, I eventually traded spaces within the gymnasium to acquire the maintenance room in the rear of the bowling alley. Though cramped, it was large enough to accommodate all the HQ&A Company physicians, surgeons and nurse anesthetists. They seemed happy and the concession to find them their own space was well worth the effort, despite the pampered "special" appearance it projected to the other officers.

4-2.4 Camp Sanitation

Camp sanitation required continuous attention. Champion Main was built to support a population of approximately 4,000 troops and families. The 82d Airborne had approximately 11,000

troops bivouacked inside the installation. Troops living inside buildings were able to use indoor latrines. Some latrines had western style, sit down commodes, while others had ceramic rimmed squat holes in the floor. Both styles were sensitive to an over abundance of toilet paper which frequently clogged the central waste disposal facility. Eventually, all soiled toilet paper was disposed of in waste baskets placed next to each stall. It was a gross practice that no one ever got used to, but it was better than the outdoor plywood latrines.

Troops living in the warehouse areas had plywood latrines to augment their bivouac. Using 55 gallon drum bottoms to collect the waste, they required daily burning and cleaning. Proverbial "Shit details" were implemented and became topics of great fun.

The installation water reservoirs were always taxed. It took a couple weeks of trial and error to discover how to best distribute water for drinking, showers, washing and cooking. Showers were eventually offered every day between set hours. Water trailers augmented the installation source for cooking and washing. The availability of potable water was never a major problem.

The Division Preventive Medicine section, supervised by the Division Surgeon, was very active in developing sound command awareness and support for general sanitation. They routinely monitored the water sources, latrines, shower points and living areas. The entire camp relied on their evaluations and tests and

remained indebted to their professional execution of duties.

4-2.5 Dining Facilities

During the uncertain first few weeks at Champion Main, the ration cycle was A-M-A. A contracted croissant, fruit juice, cheese breakfast, an MRE for lunch and a Hardees "camel burger" with fries for dinner. Although everything was cold and smashed together, no one complained. Everyone felt grateful to get something besides MREs to eat and the familiar Hardees food bags provided a reminder of home.

By 26 August 1990, Division opened a consolidated dining facility for Division HQ, 3d Bde, DIVARTY, DISCOM and Division troops, using cooks from every unit. The 1st Brigade erected Saudi "circus" tents to feed their soldiers within their fenced section of the installation.

Like other facilities, the Champion Main dining facility was designed to feed a brigade. Consequently, the Division troop population taxed the facility at every meal. Feeding breakfast and dinner meals, each major subordinate command was given set time frames for feeding. Although there were long lines in the beginning, the exaggerated waiting times smoothed out over time.

Breakfast usually consisted of cereals, milk, juices, fresh fruits and some offering of french toast, eggs, bacon or creamed beef. Breakfast T-rations were also commonly served.

Lunch was always an MRE, but the dining facility was opened to offer sodas, juices and fruit. MREs were usually issued to individuals a week at a time in the unit area.

Dinner was always the main attraction at Champion Main. T-rations were the common menu, augmented with local rations of rice, chicken, beef, vegetables. Sodas, fruit juices, fresh fruit, milk and ice cream were supplemented. Sometimes the T-rations being issued in theater were all the same menu, so troops ate the same green egg breakfasts and barbeque pork dinners for weeks at a time.

By September most troops were receiving so many "care" packages from home and "any soldier mail", that their meals were being significantly augmented by junk food and snacks. The CSM and I commented on this sometime in December when lines in the dining facility seemed to wane. One only had to look around the living areas to see the personal commissaries being built up by soldiers. When the Division moved out of Champion Main in mid-January 1991, the trash areas were littered with mountains of discarded food imported by mail.

Thanksgiving and Christmas dinners were extraordinary events. Shrimp cocktail, turkey, beef, ham, mashed potatoes, sweet potatoes and every cake and pie imaginable. Accompanied by the Division band playing seasonal music, both events were memorable. The CSM and I waited in line almost two hours to get in, but it was worth it.

The Dining Facility stayed open with a small crew to service the rear detachment when the Division moved to it's TAA untill the end of the ground war.

Dining operations at the 2d Brigade bivuoac in Abqaiq,

were Spartan, and centered around a collection of Mobile Kitchen Trailers (MKTs) and Saudi "circus" eating tents. T-rations were the primary ration, augmented with local foodstuffs and always plentiful supplies of sodas, juices and fresh fruit.

Despite some media portrayals of water and food shortages, the 82d Airborne Division never suffered for lack of fresh or bottled water, sodas, fruit drinks, fresh fruit or food of any kind. In fact the inverse was probably true. There was a glut of foodstuffs available. The Division leadership recognized the health and morale value of these items and always ensured they were available.

4-3.0 Clinic Operations

At Fort Bragg, the medical battalion operated three Troop Medical Clinics (TMCs). In Saudi Arabia, we operated a central TMC at Champion Main. Charlie company operated it's Clearing Station for the 2d Brigade Falcon Base, first in Al Jubail then in Abqaiq. The Aviation Brigade in Al Hasa, referred their patients to the FSMC in Abqaiq and the 28th CSH in Dhahran.

Each BAS that had a PROFIS physician assigned or an organic PA, conducted it's own battalion sick call in the early morning. Patients who needed a laboratory, X-ray or specialty consultation were referred to the clinic.

The clinic conducted sick call in the morning and specialty clinics in the afternoon.

4-3.1 Champion Main Clinic

The Champion Main clinic was new like everything else.

It had a two bed patient ward, pharmacy, treatment room, exam rooms, procedure room, laboratory, X-ray and kitchen. Although it was outfitted with basic exam lights, shelves and exam tables, we had to completely stock the clinic with medical supplies and equipment. When completed, it was as good or better a clinic than any at Fort Bragg.

The physical plant was too small for the troop population it supported. We watched the hard wear and tear the clinic took from the visiting patients. Wearing their load bearing equipment and weapons, the walls and floors looked three years old when we left it in January 1991. We repainted the walls before we redeployed to CONUS in April 1991.

From a health care viewpoint, the troops never had it better. The clinic employed full time surgeons and specialists that even the best clinics in America can't afford. LTC Jaques, a general surgeon, acted as the clinic officer in charge and was responsible for the initial set up and operation of the clinic. When he later became the senior battalion Medical Officer, he transferred his duties to MAJ Gary Goforth, a Family Practice Physician. Maj Goforth also orchestrated the scheduling and documentation of an active Continuing Medical Education program which kept all Division physicians and PAs intellectually stimulated and involved in their medical professions.

Bravo, HQ&A and finally Delta company, all stationed at Champion Main, took turns operating the clinic. This gave three lieutenants great experience in clinic operations and offered

their enlisted staffs a change of pace from other company business.

4-3.2 Clinic Culture

Most of the PROFIS physicians gravitated towards and hung out in the clinic. It represented familiar clinical territory in which they gave the orders. They were also surrounded by physician peers who spoke their language, sympathized with their plight and shared clinical experiences. Most importantly, I observed, they were with patients who needed their service and allowed them to practice medicine. The fact that it was air conditioned and had a telephone, that one of them figured out could be used to call home, also created a hospitable environment. There was never a time I visited the clinic that it wasn't active with patients or physicians studying for boards or reading medical journals.

All battalion physicians and PAs were assigned duty in the clinic. Most volunteered or stayed on for extra shifts. The maneuver battalion PAs and physicians also requested the opportunity to work in the clinic, especially during the afternoon orthopedic clinics. We maintained an MO in the clinic 24 hours.

4-3.3 Surgery

Driven by a needful troop population, an initial paucity of capable and nearby Corps level hospitals, an ultra qualified surgical staff itching to maintain their skills and the need to train our surgical staff as a team, we developed and operated an

active surgical clinic at Champion Main.

When first in country, our surgical cases were sent to the 1st Tactical Fighter Wing Air Transportable Hospital (1st TFW ATH) located outside Dhahran International Airport. A fifty bed facility, it was grossly overcrowded. Air Force operated, it wasn't hospitable to our surgeon's involvement and follow up. Later, we began surgeries at the MODA hospital in Dhahran, but the time distance factor made surgery at Champion Main preferable.

LTC Jaques, a board certified surgical oncologist and member of the Walter Reed Army Medical Center teaching staff, organized the Champion Main surgery clinic. He established the operating theater in one of the clinic procedure rooms, using our organic equipment. The nurse anesthetists set up the anesthesia and vital signs equipment. When completed, the operating room represented a sophisticated Division level capability.

Most of the surgical equipment was new and state-of-the-art, acquired during the \$2.4 million purchase after Operation Just Cause. Our use of modern PRO PAC monitors, CSI Pulse Oximeters, LIFEPAK 5 cardiac monitors/defibrillators, 3M surgical staplers, Aesculap surgical containers, BUNN oxygen concentrators and Ohmeda PAC portable draw over anesthesia units represented resources that exceeded, in many ways, those of Corps level hospitals. We had enough resources that we were able to assist the 326th Medical Battalion, 101st Air Assault Division,

47th Field Hospital in Bahrain and 28th Combat Support Hospital in Dhahran with surgical related equipment.

Our surgeons were the first in theater to perform surgery with general anesthesia at the Division level, outside a fixed hospital. Emergency appendectomies, scheduled herniorrhaphies and a wide range of orthopedic procedures were performed without complications.

4-3.4 Division Arthroscopy

Our orthopedic surgeons had a wide range of orthopedic treatment opportunities. From acute in-country sports injuries and training accidents to chronic pre-existing conditions, our three orthopedic surgeons were always busy. Every soldier who ever had or thought he had an orthopedic problem, but couldn't or wouldn't get an orthopedic referral at Fort Bragg came to see our surgeons. When several soldiers had to be evacuated out of theater for lack of arthroscopic equipment, our surgeons asked for an arthroscope.

As absurd as the notion was for a Division level facility to acquire and operate an arthroscope, I supported getting one from the standpoint of maintaining surgeon proficiency and significantly improving the Division return to duty rate. When someone said it could never be done I was even more determined to get one. I called MAJ Sadlon, the battalion XO, at Fort Bragg and told him to get us an arthroscope. Apparently it raised a lot of eyebrows all the way up to the Surgeon General's Office, but it was finally approved under the notion of "giving the guys

in Saudi Arabia whatever they want."

When the Medical Brigade heard we had acquired the arthroscope, they indicated it would have to go into a Corps hospital. I told them to develop their own initiatives and order their own arthroscope, that I had no intention of giving up the equipment but that we'd happily accept their patient referrals. I never heard another word about it.

Acquiring the arthroscope was typical of our bold initiatives. Succeeding at innovations like Division level arthroscopy helped demonstrate the power of vision and persistence. LTC Skip Whitman, our senior orthopedic surgeon, who led the arthroscope project, deserves the credit for initiating this successful endeavor. After redeployment, the arthroscope went into service at WACH.

4-3.5 Evacuation

Patients beyond the care capability of our Division level facilities were evacuated by ground or air to the designated Corps level hospital. Protocol bureaucracy plagued the system throughout the deployment, despite our efforts to apply common sense. We often lost the battle in regulating our patients.

CENTCOM's initial evacuation policy was seven days theater, 15 days COMMZ. As Corps and theater level hospital facilities became operational, the evacuation policy changed to 30-45 days theater, 60 days COMMZ. Evacuation policies had great implications on the drawdown of unit strengths and accurate diagnosis of patients by Medical Officers.

Our aim throughout the deployment was to return the patient to duty as quickly as possible. Initially, we were able to accomplish this goal by establishing close medical liaison with the 28th CSH and 5th MASH in Dhahran and Navy Fleet 5 Hospital in Al Jubail. Knowing the specialties and capabilities of each facility allowed us to self regulate our patients to the appropriate facility and follow-up on their treatment. Problems occurred when the theater got larger and the Joint Medical Regulating Office (JMRO) began to regulate patients.

Instead of our being able to refer a patient 30 miles to the 8th EVAC hospital at King Fahd International airport, where we knew there was treatment space and capability, we'd be directed to evacuate the patient 45 miles to the 1st Mobile Aeromedical Staging Facility (MASF) at Dhahran International airport. There, the patient would be regulated, at times, back to the 8th EVAC hospital where we wanted the patient to go in the first place. Once regulated, the JMRO couldn't tell the parent unit where the patient had been sent.

SP4 Daulton Bethel from the Division's 21st Chemical company exemplified the problem with medical regulating and status reporting in theater. Bethel, who suffered from fainting spells, was regulated to the 28th CSH for evaluation. He was ground transported to the Fleet 5 hospital in Al Jubail, where he was mistaken for a simulated MASCAL patient. Never formally logged into the hospital, he was flown to the USS Mercy hospital ship for evaluation. Later, he was returned to Fleet 5 and was

theater regulated by C-130 aircraft to the 1st TFW ATH in Dhahran. Upon arrival in Dhahran, Bethel was ground transported to the 5th MASH, then ground evacuated back to the Champion Main clinic where he proceeded to faint (the initial symptom which he was evacuated for). We later called similar patient occurrences the "Bethel syndrome". Bethel had received the grand tour of Saudi Arabia, visiting almost every in-country hospital at the time, all part of the inefficient regulating system. Over this course of four days, he was completely lost in the system, no one able to identify where he was.

By the end of October 1990, the "Bethel syndrome" had mushroomed throughout the theater. The XVIII Airborne Corps Chief of Staff issued a scathing message to all CONUS, COMMZ and theater medical elements (see Appendix G). Although it provided an accurate depiction of how patients were regulated between services, theaters, COMMZ and CONUS, the Chief of Staff improperly placed blame on the health care system for failure to account for patients.

The same problems were highlighted during Operation Just Cause after action reviews. Patient accountability is a personnel system responsibility. Once patients are evacuated out of the Division level medical system, they become replacements returned to theater personnel managers for disposition. Because the problem started in the medical system and sounded like a medical problem, the problem got dumped in the medical system's lap. As a quick fix, rather than fight whose job it was, the

Corps surgeon deployed a network of medical liaison officers (LNOs) at theater hospitals to keep track of XVIII Airborne Corps patients. The battalion provided LNOs to the 28th CSH and also canvassed the 5th MASH and 8th EVAC hospital. Before ground combat started, Division deployed its Reenlistment NCOs as hospital LNOs to key hospitals, offering the battalion some relief for a mission it wasn't resourced for. The problem of patient reporting and accountability remains a significant issue and needs to be dealt with. I believe the problem will always be perceived as being a medical one because of the sheer presence of the patient in the hospital. The AMEDD should request additional automation, money and personnel resources to assume this battlefield mission once and for all.

4-4.0 Host Nation Cooperative Support

Shortly after arriving in country, I set about to identify and survey all available host nation medical facilities in our area of operation. This endeavor contributed greatly towards our eventual training success.

Finding maps of Dhahran was not easy. I eventually found some at the International Airport and from there got a lead for the Al Jarir bookstore in Al Khobar. I purchased 200 maps for the battalion and DISCOM units. A month later, you couldn't find a map in country. I also purchased books on health and disease in Saudi Arabia and stumbled on a book listing all Saudi Arabian hospitals and clinics. The maps and facility directory provided us with all the information we needed to begin our surveys.

In August and September 1990, the general civilian mood in Dhahran was based on the fear of a possible Iraqi chemical attack. It was therefore easy to gain civilian health officials cooperation because they viewed us as having the knowledge and equipment to counter a chemical attack. Everywhere I surveyed, medical facility directors were eager to assist and cooperate. They provided tours, information and offered resources. In exchange for this hospitality, we provided them professional seminars on chemical protection and treatment protocols.

Host nation medical facilities which we surveyed and developed liaison with included the Arabian American Oil Company (ARAMCO) Hospital, Al Amal Hospital, King Fahd University Hospital, Al Qatif General Hospital, King AbdulAziz Airbase Armed Forces Hospital (Dhahran MODA), King Fahd Medical Center and Al Mutlak Hospital in Dhahran and the Al-Fanateer Hospital in Al Jubail. Most facilities were beautifully constructed and equipped. Most were under utilized and largely staffed with foreign national health care providers.

4-4.1 Medical Turf Issues

By the time large numbers of Corps medical units and professional personnel began flowing into country, the battalion had established a commanding lead in host nation facility involvement. Nevertheless, there was only so much American presence each Saudi Arabian facility would accept. It was only a matter of time before the 44th Medical Brigade, whose territory we were mostly infringing on, appointed themselves as guardians of

all Dhahran host nation hospitals. They led us to believe that we were pestering the Dhahran MODA staff and should stay out. What was really bothering the brigade was that our surgeons were infringing on their own physician's access to operating rooms and other associated perks.

4-4.2 MODA Training Agreements

By mid-September 1990, we had developed a good relationship with the MODA staff and were performing general and orthopedic surgery on a routine basis. We were training the Saudi surgeons who were openly appreciative of the opportunity.

When the medical brigade told us we were unwelcomed at the MODA, Dave Jaques and I went in to talk with the medical director. As we walked towards his office, we passed a Saudi Arabian officer who stopped me. Smiling, he vigorously shook my hand like a long lost friend and asked me if I remembered him. I dumbly answered "yes, of course," but I was really racking my brain to figure out who he was or where I might have met him. He reminded me that he had once been one of my Officer Basic Course students at Fort Sam Houston Texas. Then I remembered him as Lieutenant Omar Bafageeh. I had sponsored him and his wife and socialized with them both during the basic course. It turned out he was the Executive Director, second in command, of the hospital. I knew immediately our position in the hospital was secured. From then on we had carte blanche access to the hospital facilities and developed political affiliations which provided us access and resources to accomplish our most ambitious

training objectives.

4-5.0 Battalion Sponsored Individual Medical Training

Given unobstructed time, skilled officer and enlisted trainers and a needy population to be trained, we planned and executed a variety of sophisticated medical training programs. No medical unit in country, at Division or Corps level, accomplished as many diverse or accredited courses of instruction as the 307th Medical Battalion.

From our first arrival in country, I was determined that the battalion would set the training example within Division and theater. I firmly believed the strength of the functional medical battalion was in it's ability to facilitate the highest level of medical training in the Division and knew that if we didn't do it, no one else would. I was also keenly determined to uphold the battalion's reputation within the airborne culture of initiative, aggressiveness and mission accomplishment whatever the odds.

My initial individual training objectives were to continue Emergency Medical Technician (EMT) certification and re-certification training, initiate Basic Trauma Life Support-Advanced (BTLS-A) training and conduct Expert Field Medical Badge training. As new situations and opportunities developed, we added the ultra sophisticated Combat Surgical Skills Course (CSS). Time ran out before we could execute the EFMB, although we had received the study manuals and had a letter of instruction prepared.

Planning the training was easy, the execution ran into obstacles at every turn. We were not well supported by DISCOM or Division, which provides some illustration of how non-medical officers, fail to understand or place emphasis on medical training, largely because of their focus on all other tactical or logistical areas. I couldn't get classroom space, despite the fact there were rooms available, but XVIII Airborne Corps forward CP and 407th S&T Bn wouldn't release space; they were protecting the space for a "might have to use it" scenario. The DISCOM Commander wouldn't approve the local lease of a large tent, or purchase of audiovisual equipment. It was very frustrating and it would have been much easier to just quit. Being told "no" by higher headquarters just made us more determined to succeed. So we eventually stopped asking for help and resourced ourselves.

4-5.1 Basic Trauma Life Support-Advanced Training

BTLS training is an organized way of assessing, treating and transporting trauma patients. Training is targeted at medics with Emergency Medical Technician training who are required to rapidly assess, resuscitate, stabilize and transport seriously injured patients during the first "Golden Hour" of injury. The training, testing and certification of students and instructors is standardized by BTLS International, based in Montgomery, AL.

Knowing I needed instructor certified BTLS instructors to get the program under way, I wrote to Major Jim Pfaff, Chief of the WACH Emergency Room, for help. Having known Jim as an

enthusiastic emergency medicine physician for over three years at JSOC, I knew he would do whatever was necessary to advance the cause of battlefield medicine. Jim provided us his set of instructor slides and notebooks and arranged with BTLS headquarters for us to conduct the course in Saudi Arabia. We had ordered the necessary BTLS textbooks as part of the USAMMA \$2.4 million purchase and they arrived by special shipment in October 1990. I then assigned the BTLS instruction portion to Major Gary Goforth, a Family Practitioner, in HQ&A Company.

Given broad guidance and the promise of limited resources and lots of obstacles, Maj Goforth demonstrated what good trainers can accomplish. In the process, he generated tremendous enthusiasm in physician and PA trainers and enlisted students throughout the Division.

Figure 6 outlines some of the significant BTLS training accomplishments.

- Two instructor courses certified/trained 36 (64%) of assigned physicians and PAs assigned to Division.
- Five BTLS student courses certified 235 students (188 US; 47 Saudi Arabian physicians) at the BTLS-A level.
- Of the 188 US trained, 70 (37%) were medical battalion medics and 118 (63%) were brigade and separate unit medics.
- With the exception of Saudi Arabian physicians, 186 (99%) of all students were previously EMT trained.

Figure 6 BTLS Training Statistics

For the medical battalion, training 70 medics to BTLS

standards represented 95% of our assigned 91Bs and 51% of both assigned 91Bs and 91As designated to carry aidbags and render BTLS type care. In addition to the already high number of EMT trained medics in the battalion, BTLS provided significant pre-combat enhancement training. I received the BTLS wallet cards and graduation diplomas while in the TAA, so students received their BTLS credentials covered with Iraqi sand upon redeployment to Fort Bragg.

Dave Jaques and I offered BTLS training to Major General Shirbini, Director of the Eastern Region Medical Services, in October 1990 as a result of comments he made about unsuccessful attempts to get the 44th Medical Brigade to sponsor an American College of Surgeons Advanced Trauma Life Support (ATLS) course for Saudi Arabian physicians. General Shirbini gratefully accepted BTLS training for selected physicians and accepted our offer to develop an ATLS equivalent course with the full resourcing support of the King Fahd Medical Center (KFMC).

4-5.2 Combat Surgical Skills Course

The idea for producing an ATLS-like course of instruction came from MG Shirbini's inability to get the 44th Medical Brigade to sponsor an ATLS course. It was during a courtesy visit to MG Shirbini and MAJ Bafageeh that we discovered the Saudi's were interested in this type training. Dave and I immediately looked at each other with the same "this has potential" look. We offered them some BTLS quotas to get started and offered to produce an ATLS equivalent course. Dave had savvy enough to know

that the Saudi's valued the name recognition of ATLS, so he artfully discussed presenting a more combat relevant course of instruction, complete with diploma. We also specified the resources and facilities needed. MG Shirbini accepted our offer and Dave Jaques set out to plan the Combat Surgical Skills Course (CSS), which was our opportunity to train Division physicians and PAs in addition to a selected number of Saudi Arabian physicians.

ATLS is a tough, sophisticated course of instruction oriented to physicians. It involves a live goat laboratory and is scripted from an ATLS textbook. The CSS course was oriented to physicians and PAs, involved a live animal laboratory and was oriented around nine critical surgical trauma procedures.

LTC Jaques assembled an all board certified staff of surgeons to serve as instructors and facilitators. LTC James Beam, LTC Rick Pearl and LTC LeNardo Thompson, assigned to Walter Reed Army Medical Center and PROFIS fillers to the 28th CSH, lent name and credentials recognition to the CSS training staff. All other staff came from within the battalion.

The biggest part of executing the CSS puzzle was orchestrating the animal models. Under normal circumstances, animal training is a highly sensitive issue, constrained by strictly enforced DOD regulations and protocols. There are only a few locations and activities authorized to conduct the laboratories within the services. We knew the topic had been negatively received by the CENTCOM surgeon and that the 44th Medical Brigade was unwilling to proceed with any thought to ATLS

training because of the animal issue. When MG Shirbini agreed to accept responsibility for the animals, after we explained it's sensitivity, Jaques and I felt no need to ask for anyone's approval to proceed. We felt strongly enough about the cause not to risk unnecessary bureaucratic delays while CENTCOM tried to render a decision. Although MG Shirbini accepted full responsibility for the animal issue, the battalion in effect operated the laboratory. We felt comfortable doing so because of CW3 Bart Williamson.

CW3 Williamson, a PA assigned to Bravo company, had once worked at the US Army Special Warfare Center's Special Forces Medic School and operated the animal laboratory using DOD approved protocols. I also had the opportunity to work with Bart in the Special Operations community for three years and observed him operate a variety of approved animal laboratories. So Bart became the chief executive agent for the goat lab based on his credentials and experience. He outlined the animal requirements, assisted his Saudi counterpart in acquiring the animals and supervised their care, preparation and final disposal. Typical of most Saudi behavior we observed, they expected us, like much of their multi-national labor force, to do all the work. Bart became a part time goat herder, watering, feeding and fending off wild dog attacks. We acquired the anesthetics from 44th Medical Brigade veterinarians, who wanted to participate in the training, but wouldn't because of the brigade's restrictions.

Figure 7 depicts the significant Combat Surgical Skill

course training statistics.

- Six CSS courses trained 150 students.
 - 114 US; 61 officers (100%) physicians and PAs assigned to the Division; 53 enlisted medics (top graduates of the BTLS course).
 - 31 Saudi Arabian, Omani and UAE physicians.
 - 5 UK physicians and surgical specialists.

Figure 7 Combat Surgical Skills Training Statistics

Before long, non-Divisional units, with more than twice the medical assets and resources, were calling us for quotas.

On 6 January 1991, MG Shirbini sponsored a gala event for the battalion's BTLS and CSS staff. We ate the extra goats that had been purchased in an extravagant Arab atmosphere catered by a Dhahran four star restaurant. We presented specially designed BTLS and CSS certificates (Appendix H) to all the Saudi Arabian physicians and accepted a Medical Center plaque from MG Shirbini on behalf of the battalion.

We couldn't have felt more ready to support the battle than we did after providing advanced trauma resuscitation training to 100% of the Division professional staff. This initiative, among most others, was unmatched by any medical unit in theater.

4-5.3 Emergency Medical Technician (EMT) Course

Before the deployment, I had established a battalion medical training strategy based on the national EMT training

program. My goal was for 90% of 91A and 91B medics assigned to treatment positions to successfully complete EMT training; national certification, which cost the battalion \$35.00 an applicant, was encouraged. In my twelve months of command prior to the Operation Desert Shield deployment, we managed to train 79% and certify 50% of all medics in treatment positions to EMT standards. Our total battalion percentage for EMT trained and certified medical career fields was 89% against designated treatment positions. Maintaining our EMT training momentum was not easy from our deployed location. But it wasn't impossible either as we overcame so many seemingly insurmountable problems.

When it became clear, in early October 1990, that the Division was likely to be deployed for several months, I established the goal of continuing EMT training in-country. I issued instructions to Major Sadlon in the rear detachment, to identify the processes and acquire the resources required to execute the EMT course in Saudi Arabia using battalion trainers. I sent FTCC's Chief EMT instructor, Mr. Ron Hust, a letter asking for his help to produce a college accredited EMT course of instruction. CW3 Williamson was tasked to coordinate lesson plans, examination materials, textbooks, worksheets, etc., before he deployed to Saudi Arabia. FTCC made extraordinary efforts to accommodate our request, approve instructor credentials and facilitate a myriad of other academic administrative details. When CW3 Williamson arrived in country, he brought along all the necessary course materials and was prepared to teach.

I considered limiting the EMT instruction to medical battalion medics on the premise that it was solely our initiative and resources. After discussing the idea with several Division PAs I respected, I was convinced to open training to all Division medics. It reinforced the notion that the Division's functional medical battalion was the only organization capable of initiating, planning and executing advanced medical training in the Division.

Figure 8 highlights some of the battalion's EMT training accomplishments while deployed to Saudi Arabia.

- One five week EMT course (14 Dec 90 thru 26 Jan 91), training eight hours a day, seven days a week.
- Allocated 15 (43%) of the EMT spaces to Divisional units and 20 (57%) spaces to the battalion.
- Trained 94% of medical battalion its 91A and 91B medics assigned to treatment positions to EMT standards.
- The battalion percentage for all medic career fields was 104% against designated treatment positions.

Figure 8 EMT Training Statistics

The movement to the TAA forced us to cut the EMT course short one week, loosing our ability to certify the students. Upon redeployment, all original members of the class were enrolled in a three week, specially constructed EMT course at FTCC, designed to provide students with a quick refresher and prepare them for the National certification examination.

I had another two EMT courses scheduled, but they were

cancelled because of the ground offensive. One of the courses was designed for officers and senior non-commissioned officers (who I felt needed this level of clinical exposure to enhance their credibility with the medics). Given ten more weeks, the battalion would have boasted a 100+% EMT trained and certified status.

The EMT training initiative we undertook in Saudi Arabia demonstrated our resolve to maintain our training momentum. Sponsoring an accredited, national standard EMT course for Division medics not only strengthened our mission posture, but enhanced promotion points, professional maturity and career development.

4-5.4 Emergency Medical Technician Refresher Course

Before we executed the five week EMT course, we conducted a nine day (5-13 Nov 90) EMT Refresher course for 37 Division medics whose EMT currency had lapsed. We limited participation to 91A and 91B medics assigned to treatment positions. Upon completion of the two-week course, battalion had 56% of its treatment medics trained and certified. The EMT Refresher course was initiated before the EMT course because it was shorter and we were having difficulty acquiring classroom space for the five week EMT course.

4-5.5 Medical Management of Chemical Casualties Course

The medical battalion seized the initiative to sponsor the first Medical Management of Chemical Casualties Course (M2C3) in theater. Hearing in early October that the Army Surgeon

General was exporting a CONUS resident chemical training course to Saudi Arabia, we lobbied with the XVIIIth Airborne Corps Surgeon's office to host the first course at Champion Main.

Using the installation dining facility as a classroom, we trained 79 Division personnel in state-of-the-art chemical casualty care protocols. The battalion trained 25 (89%) of our assigned physicians and PAs. Maneuver units trained 44% of their physicians and PAs, reflecting the belief that the majority of chemical casualties would be treated at division clearing stations. During later M2C3 courses offered at Corps level facilities, the battalion eventually trained 91% and the maneuver battalions 56% of their physicians and PAs. Considering the numbers of ancillary medical officers also trained (Dentists, Nurses, Nurse Anesthetists), the percentages are higher. Enlisted medics in critical treatment positions were also trained.

We sponsored the awards ceremony in the installation theater. The Division wind quartet played background music while COL Bryant, DISCOM Commander, and MG Johnson, Division Commander, issued certificates to the graduates.

4-6.0 Battalion Collective Medical Training

In addition to ambitious individual training initiatives, the battalion executed an active collective training program. From clinic mass casualty drills to full sized clearing station operations, subordinate medical companies planned and executed a wide variety of events designed to exercise and evaluate their

preparedness for war.

Both individual and collective training was developed and scheduled during training meetings conducted every Friday morning. Company commanders and the battalion S-1, S-3 and S-4 attended. Led by CPT Bruce McVeigh, the S-3, we reviewed and updated the six-month long range and three-month mid-range training calendars. The previous week's training was briefly evaluated for strengths and weaknesses. The two-week calendar was scrutinized in detail for last minute changes, resourcing and execution. Finally, commanders briefed the concept of their future four-week training calendar.

4-6.1 Field Training Exercises

Field training exercises and other collective events were specially briefed back to the staff and I one month prior to execution. At the briefing conclusion, the staff briefed me on the battalion's evaluation plan for the training, plus any other problems.

Appendix I, Division and Battalion Training Calendars, depicts the major training events scheduled, canceled and conducted. They also reflect a wide range of training activities involving movement to field locations. Chemical training, patient decontamination station operations, common task training, weapons firing, sling load operations, mass casualty operations, safety training, desert operations training and a wide array of clearing station related operations. Battalion and company runs and rucksack marches were also prevalent.

4-6.2 Unexecuted Training

Major training unexecuted included the January C-130 Joint USAF-Division Patient Backhaul exercise, the February iteration of EMT training and the March EFMB operation. These training operations were canceled because of the move west to the TAA.

4-7.0 Life in the Base Camp

Life in the base camp had many interesting components. Air conditioning, heat, porcelain toilets, wooden toilets, running water, bottled water, VCRs, little screen TVs, big-screen TCs, Kevlar helmets, floppy hats, laundry service, self service, personal mail, "any soldier" mail, telephones and an infinite number of other matters, describe many of the comforts, symbols, subcultures and resources by which life was defined in the camps. Appendix J, Champion Main Services, depicts the variety of services offered.

4-7.1 Living Conditions

Without a doubt, paratroopers who lived in Champion Main had a much better existence than those who lived at Falcon Base (2d Brigade at Abqaiq) or Al Hasa (Aviation Brigade). Issues of who had more comforts, better dining facilities, warm showers and latrines, etc., were often discussed. Charlie company, while bivouacked in Al Jubail during the month of August and September, pridefully called themselves "The Tip of The Spear." They were billeted in air conditioned trailers within a spacious, fully equipped, compound. When 2d Brigade moved to Abqaiq, they

were crowded into a small compound and lived in GP medium tents. They amusingly became called "The Butt of the Shaft." Tongue in cheek guilt was often generated that we were living better at Champion Main, but everyone made the best of it. The CSM and I were always conscious of giving extra perks to Charlie company because of their austere living conditions.

When the other divisions started pouring into country, thousands were marshalled into temporary tent cities on the outskirts of Dhahran. Conditions there were so squalid in all respects, it made everyone grateful to be living where they were.

4-7.2 Uniform Policy

The Division's uniform policy generated a lasting array of emotions. From before we departed Pope Air Force Base, the Division regulation of "no berets", was a source of constant torment. The beret was the paratrooper's outward symbol of pride in belonging to the only airborne division in the world. Airborne flashes provided unit visibility along with 50 years of proud tradition. Not being able to wear the beret was a Division wide heartbreak. MG Johnson took a firm stand on wearing the Kevlar helmet, load bearing equipment and protective mask everywhere in country as a symbol of Airborne preparedness for combat. As other units in country began wearing mixed varieties of the desert camouflaged floppy ("booney") hats and berets, it was a constant source of command pride that all soldiers in the 82d Airborne Division wore a standardized uniform throughout the deployment. Paratroopers, including a few in the battalion,

caught wearing their berets or rogue floppy hats, were vigorously policed and counseled. The CSM and I always had to chuckle at the great emphasis placed on headgear. Appendix K, Uniform Policy, provides insight into the concern uniforms generated within Division.

4-7.3 Installation Entertainment

Entertainment, or the lack of it, didn't enter most peoples minds for the first 30 days because of the focus on the Iraqi threat. When it became clear we were staying for an indefinite period, commanders began to look for ways to entertain their troops. It should be interesting to note that the Division has a seven day work policy, later backed off to a six day work week in November. The only holidays we enjoyed were Thanksgiving, two days at Christmas, and New Year's Day. The Division was serious about being deployed for a contingency operation, so there was little time to be unemployed or bored.

The only free time of the day came in the evening, after the dinner meal. Our first initiative to relieve some of the evening boredom was to acquire a television and VCR. During a visit to the ARAMCO hospital, I learned they were soliciting blood for \$70.00 a unit. I proposed that the battalion officers each donate a unit of blood and use the money to purchase a TV and VCR for the troops. Although uneasy and unsure of how it might look, I sent a truck of officers into the hospital to donate blood. Unfortunately, or not, they couldn't find the right access gate into the ARAMCO compound, so they returned

empty handed. I considered it a divine message not to pursue this objective. Later, as part of the Japanese contribution to the war effort, each company received a color TV and VCR. VCR tapes became a booming business as troopers received them in the mail, or rotated the tapes procured by the Division and Armed Forces Exchange Service.

By October, the Division had purchased a projection TV and screen and set up an outdoor movie theater. Set up in the track and field stadium, each evening's viewing attracted over 500 troopers.

Within the battalion, evening entertainment was scattered around the company level TV and VCR, cards and board games, letter writing, basketball, volleyball, weight lifting, running or studying for many of the medical courses conducted.

During Christmas and New Year's, the CSM organized a spectacular battalion party. The large headquarters room was decorated with a Christmas tree, lights and food tables filled with cakes, cookies, hams, salads, breads and just about everything else supplied from home packages. Cokes, juice and "Near Beer" (the popular non-alcoholic beer), was in plentiful supply. We had music and entertainment provided by each company. The 82d Airborne Division chorus performed for us and some of our talented musicians played guitars as we sang carols. We had over 250 presents gift wrapped to hand out to each enlisted trooper. After the party, we conducted a candlelight service commemorating the Christmas 1989 candlelight service held at the Torrijos-

Tocumen airfield during Operation Just Cause. The New Year's party was just as splendid, although the rap music and dancing competitions caused the CSM and I to leave early as we became the oldest members present.

4-7.4 Theater Level Entertainment

By the end of September, CENTCOM began contracting theater level recreation services. The most popular programs enjoyed by the battalion were the Half-Moon Bay beach resort, the "Love Boat" cruise liner and the ARAMCO family visit program.

Priority for everything was first given to the maneuver brigades, as fact of life accepted by the combat service support units. But, with the exception of 3d Brigade, the brigades, who fought to control the FSMC assets, didn't share their recreation quotas with the FAST units. The CSM and I had to solicit FSMC quotas and in the interim, gave out portions of HQ&A company quotas to the FSMCs.

Half Moon Bay was a beautiful beachside resort complex. Troopers spent the day bowling, swimming, water skiing, sailing, snorkling, windsurfing, watched movies, cable television or played basketball, tennis or horseshoes. Free food was available around the clock. It was a tremendous recreational opportunity for our soldiers, many of whom had never enjoyed such free luxury.

The Love Boat was a luxury cruise liner docked in Bahrain. It offered a typical array of ship based recreational activities and included an overnight stay. Despite the rumors

generated within theater and back home at Fort Bragg, the Love Boat was not the floating whorehouse, drunken barge that it was rumored to be. It represented another splendid effort by the theater to provide diverse recreational opportunities for it's troops.

The Arabian American Oil Company (ARAMCO) family visit program was a special offering made by American families working for ARAMCO. These families living in Abqaiq, Ras Tanura and Dhahran opened their homes to soldiers in the Division. During the scheduled weekend visits, soldiers would go the ARAMCO family homes, get fed a home cooked American meal, watch satellite television, play games with family members, take a real shower, wash clothes and just plain indulge in American family life for a day.

4-7.5 Mail

Mail was one of the most important services issues throughout the entire deployment. From questions developed at the first FSG meetings, mail, and how to send and receive it were constant issues, especially when it was slow or delayed.

At first, mail had to be stamped coming and going. Later, mail originating from Saudi Arabia didn't require stamps. Mail originating from CONUS could be sent by regular postage or sent free using the unit FSG courier mail system. A huge morale booster, Division invested the energy to initiate and maintain a mail courier back to Fort Bragg, 3-4 times a week. On his way back, the courier picked up unit FSG letters and delivered them

to Saudi Arabia in about 5-7 days. Based on a 30 day average, I estimated that regular APO mail took an average of 10 days to deliver, with a range of 3-14 days.

Everyone waited in anticipation of mail delivery. It was a matter of envy to watch as some received no mail and others received dozens of letters. Eventually, "Any Soldier Mail" (ASM), began pouring in from all over the country. The Division "highly encouraged" soldiers who opened ASM to respond in writing to them. After awhile, ASM mail became so commonplace, everyone lost interest in it. But many of our soldiers developed friendships through ASM and it was always a visible sign of national support to see it. We'd often sit late at night in the Headquarters and read some of the ASM. Kids letters were the best, as they wrote asking us to send them M-16 rifles, grenades, war booty, etc.

Packages inundated the Division. At Christmas time, the CSM and I would shake our heads and smile at the literal mountains of packages stacked in front of the mail room. Containing boom box stereos, hot plates, Nintendo entertainment systems, athletic equipment, civilian clothing, magazines, toiletries and a commissary variety of foodstuffs, mail and package goods stuffed every nook and cranny. When the Division departed west to it's TAA, literally tons of this stuff, which couldn't be mailed home, was put into the trash heaps that would have made rich men cry.

4-7.6 Details and Taskings

Being deployed to a foreign country, preparing to support an impending contingency operation, didn't lessen the number of Division and DISCOM taskings the battalion was forced to fulfill. Champion Main was like a small Fort Bragg without the civilian support infrastructure. Most everything was self-help and created a lot of support requirements which were levied on the DISCOM. I didn't appreciate the extent of the taskings until I challenged one of my commanders to document how they were infringing on training.

CPT Guy Strawder, HQ&A company commander, provided excellent documentation of the battalion's support commitments. Routine taskings included: Dining Facility KP, TMC staffing, 28 CSH LNO, 82d Airborne Division chorus, trainers for CSS, BTLS and EMT, building maintenance, stadium maintenance, mail room, bus monitor, ambulance crews, Sergeant of the Guard, installation guard force, patient hold staff, TMC specialty MOSSs, and various medical taskings to support Division unit training. Last minute taskings from DISCOM, who received them from Division, coupled with conflicts with other mission requirements, created stress within the companies attempting to accomplish their training objectives. Individuals fenced from duty because of their unique duties (91Ss working for the Division Surgeon, 91Ds scheduled for the operating room, 91Qs dispensing pharmaceuticals, 63Bs performing scheduled services, etc.), created problems with maintaining duty fairness.

CPT Strawder documented workloads depicted in Figure 9:

Average Daily Number of Personnel Taskings: 83

- Pct of Bn Reporting for Duty: 90%
- Pct of E-6/below Available for Duty Tasked: 78%
- Pct of Taskings Requiring 91A/B MOS: 56%
- Pct 91A/B MOSS Available for Tasking: 59%

Figure 9 Typical Medical Battalion Taskings

These figures reflected the reality of tasking detractors. It took detailed cooperation and coordination to fulfill the daily taskings and still complete the ambitious training programs we undertook. There were no idle souls in the battalion.

4-7.7 Personal Lifestyle

Personally, I never worked as hard as I did during the deployment. Without the worries of having to get home for dinner, play with the kids, spend time with my wife, I was unrestricted in the number of hours I could work.

During a typical day, I would perform my physical training in the early morning, shower and prepare for morning meetings. I'd go through my in-box, issue staff guidance and sit through any special meetings I had scheduled. The CSM and I would then visit the company areas or field training locations. Often, LTC Jaques and I would visit the Dhahran MODA or KFMC to coordinate or conduct training. The long driving distances usually meant I wouldn't return until after dinner, so I'd microwave a Top Shelf dinner, read mail and relax a little.

After the XO arrived, I began playing an hour of tennis in the evenings on the lighted courts. After tennis, I would return to the quietness of the headquarters, clear my in-box again, write letters and prepare notes for the next days meetings and activities. I always tried to make a point of talking with the CSM to get his views and impressions of how things were going and were any problems might be cropping up. On average, I went to bed at 2 A.M., never finished with my work, but grateful that I had the opportunity to be in comand of the batttalion.

4-8.0 Disciplinary Issues

There was never a better training or disciplinary environment than Saudi Arabia. Alcohol, drugs, family pressures, women, prostitution, privately owned vehicles, motor cycles, shopping centers and all the other vices, pleasures and distractions which were the common cause for disciplinary or administrative action at Fort Bragg, were absent in Saudi Arabia and Iraq.

4-8.1 General Order Number One

USCINCCENT MSG 302359Z AUG 90, SUBJECT: Desert Shield GO-1- Prohibited Activities for US Personnel Serving in the USCENTCOM AOR (U), (Appendix L) set the tone for all service behavior for the duration of the deployment. It was read to every soldier in the battalion and was reiterated frequently.

4-8.2 UCMJ Activity

More than the threat of UCMJ action from disobeying GO-1 though, the hardwork environment and the physical isolation of

the troops from alcohol, drugs and cars caused a low incidence of UCMJ and administrative action. Figure 10 highlights UCMJ activity during the deployment.

- Two Field Grade Article 15s issued:
 - One for possession of a privately owned weapon.
 - One for theft/lying.
- Two letters of reprimand in lieu of Field Grade Art 15.
- Six company grade Article 15s issued:
 - Misplaced weapon, false statements, failure to repair.
- One alcohol related incident recorded and punished.
- Total deployed disciplinary actions represented less than 1% of our Fort Bragg disciplinary numbers.

Figure 10 Summary of UCMJ Activity in Saudi Arabia

4-8.3 Misplaced Weapons

The only serious incidents reported within the battalion were two instances of misplaced weapons, both from Charlie company while stationed in Al Jubail. After the first incident occurred, I had to fend off COL Rokus, the 2d Brigade commander, who wanted to take jurisdiction of the case and "set an example."

I had a long discussion with CPT Hoskins, the Charlie company commander, about weapons security and reporting of serious incidents (the incident occurred at 0730 hours but wasn't reported until 2300 hours, which became even more of an issue with the Division Commander who looked directly at me for blame). I was determined not to go overboard and micromanage the corrective action within the company. My last words to CPT

Hoskins were "not to let it happen again." They must have been a jinx, because Charlie company misplaced nother weapon in less than 10 days. The CSM and I were baffled why this happened. When I returned to Charlie company, I addressed the entire company again with a much stiffer message. I required CPT Hoskins to render weapons status reports four times a day for two weeks. There were no more incidents. Weapons consciousness was achieved.

4-9.0 Medical Unit Command

The question of who should command medical units was an emotional, provocative and decisive issue between Medical Corps (physicians) and Medical Service Corps (non-physicians) in theater. Although the concept of physicians assuming command of TO&E units when they go to war was not new to me, everything in my 18 years experience convinced me it was more of a hollow political pronouncement than a realistic proposition. The AMEDD has never demonstrated any serious intent to prepare physicians for field command. Neither have physicians, in my judgement, viewed commanding at the company or battalion level as important. It's beyond the scope of this monograph to adequately defend my thesis that physicians, with very few exceptions, are unprepared or unqualified to command TO&E units.

4-9.1 AMEDD Command Policy

Doctrinally, para 2-3, f, AR 600-20, Army Command Policy, states:

The senior Medical Corps officer, assigned or attached to a medical TOE unit deployed to receive and treat patients, will assume command of that unit until properly relieved.

To the uninitiated, the policy statement seems simple and logical. In application, it's simplicity is illusional and the execution dynamics complex.

First of all, the notion of the senior medical officer assuming command is not as universally practiced in the AMEDD as it is in the rest of the Army. Medical specialty and senior clinical experience often dictates who commands, leads or directs the medical organization. Next, the varied operational backgrounds, training and method of accession into the Army often makes command selection, based solely on rank, a difficult task. The requirement to fill critical clinical specialties may also override assignments to command based on rank. Observation of the command issue within corps and division level medical units in theater provided ample proof of it's complexity.

4-9.2 Medical Battalion Command

In almost two decades of division, AMEDD branch and joint operational experience, reinforced with basic branch through command and staff college schooling, I've never known a division commander to support the AMEDD command policy. The notion of changing commanders during a contingency deployment was always

derided as unsound, violating all the principles of leadership. I grew up with division commanders who stated unequivocally that they would not change medical commanders. With this background experience, I was very sensitive to the issues of medical unit command and had a strong vision of how the scenario would play out.

During my initial inbriefing with MG Johnson after assuming command in July 1989, I expressed concern for the AMEDD medical command policy and my convictions for staying in command. I asked the division commander for his intent and received a clear statement of support. Having started command with the Division Commander's support, I never doubted I would retain my medical command.

During Operation Just Cause, medical command stayed with the MSC company commander and myself, even though we deployed with several physicians. Our operational success during this contingency provided a recent precedent which supported divisional MSCs retaining their commands. A few of our PROFIS filler physicians, however, didn't share my perspective. Fortunately, I prepared myself for the medical command issue before I deployed, anticipating it might surface sometime during a deployment longer in duration than Operation Just Cause.

On 16 August 1990, I telephoned Colonel Darrel Porr, Consultant to the Surgeon General for Operational Medicine and Special Operations, at the Surgeon General's Office in Washington, D.C.. I asked him to feel out the Surgeon General on the subject

of medical unit command, specifically if he was anticipating directing a physician changeover. Based on a discussion with BG Scotti, COL Porr indicated that the divisional MSC command positions were not an issue with the Surgeon General. BG Scotti was quoted as saying "nothing should change from the way it is at Fort Bragg." This official pronouncement provided me additional confidence that the MSC commanders would be retained without interference from Washington.

Recognizing the genuine importance and technical need, if not political necessity, for physician collaboration, I designated a physician within each company to serve as the senior MO. Dave Jaques served as the senior battalion MO and assisted me in selecting the others based on clinical experience, operational background and demonstrated maturity. The concept was for the senior MO and the MSC commander to develop a close professional relationship and mutual trust in all matters, but especially those with medical involvement. Dave and I consciously modeled this relationship every way we could. From sitting together at staff meetings, discussing and reaching consensus in front of the commanders and staff, to attending division and Corps medical planning sessions together, we exhibited a strong, mutual alliance. Beyond outward appearances, I developed a genuine respect and liking for Dave and relied heavily on his perspective. With the lone exception of Bravo company (through no fault of the MO), our senior MOs and MSC commanders developed healthy working relationships.

At first, the issue of converting to physician command was nervously joked about within the battalion. Despite my confidence of retaining command, the joking took on an air of nervous uncertainty with some of the physicians. The Division Surgeon, MAJ George Weightman, would kid me with by saying "just remember who the real battalion commander is," referring to the common perception that the Division Surgeon replaces the MSC battalion commander during wartime. After awhile, I knew the issue would have to be openly addressed.

MAJ Weightman, a Family Practice physician, was well liked by the Division Commander and staff; I also considered him a good friend of the medical battalion. One day, after some subtle comment about the MC command issue, I sat down with George and had a candid discussion. I made it very clear that I had no intentions of voluntarily relinquishing command and hadn't trained and prepared 18 years to give it up during a contingency. George quickly relaxed me by stating that he didn't believe a change was necessary and wasn't going to lobby the division commander to make any changes. I was grateful to receive George's support. Without it, an ugly situation could have developed.

On 5 December 1990, the physician command issue formally surfaced with some PROFIS fillers. It had become common knowledge that all the Corps hospitals were changing over to physician commands shortly after arriving in country. Additionally, the changeover of the 326th Medical Battalion, of

the 101st Air Assault Division, the only other divisional medical battalion in theater, caused quite a stir. MAJ Weightman and LTC Jaques approached me in my room at 2230 hours and relayed that some physicians were concerned over the MC command issue. It was agreed that George would formally approach MG Johnson with the issue and get his intent. Despite all the confidence I felt with the fillers, I can't deny that I felt betrayed, because none of them had expressed dissatisfaction to my face. Although I was somewhat apprehensive, because I had learned never to underestimate the influence of physicians over non-physicians, I made a calculated decision not to approach the Division Commander. I felt my position was already clear and I wanted him to make his own decision after hearing the physician viewpoint.

On 7 December 1990, at 2100 hours, George met with Dave and I in my room again. George related that the Division Commander planned to retain the current medical company and battalion commander and had no intentions to replace them with physicians. We all felt the air had been cleared and the issue finally and formally resolved. We decided I would meet with the senior company MOs and, at Dave's request, the three orthopedic surgeons, to convey the Division Commander's decision.

On 9 December 1990 at 2000 hours, I met with George and Dave, MAJ Goforth, MAJ Moyer, MAJ Bolan, MAJ Lower, MAJ Compton and LTC Whitman (MAJ Clark from C Co in Abqaiq was unable to attend). I opened the meeting by stating that I had been made aware of their discontent and wanted them to clear the air over

any dissatisfaction with the MSC command structure. All the company MOSs looked at each other with surprise and questioned where I had heard there was discontent. They unanimously expressed satisfaction with MSCs being in command, allowing them to practice medicine. As long as they were consulted with the medical plan, they felt comfortable with the MSC command arrangement. It finally became clear that some of the orthopedic surgeons had agitated the whole affair (there had been rumors that two of the orthopedists had expressed their likelihood of taking over command). In any event, I related the Division Commander's decision and asked if everyone understood or had any additional questions about how the command arrangement would work. MAJ Compton was the only one to speak up and express his views that he felt the AMEDD policy should be followed. I could see the bitter disappointment in his eyes over the CGs decisions. If I had known then what I was later to discover, I would have transferred him to a Corps hospital, because he was never able to swallow the decision and only became further embittered and dysfunctional. Two of the physicians confided in me after the meeting that they were unhappy to have been associated with any discontent, blaming "the surgeons" for scheming. Unfortunately, the surgeons, with the exception of Dave Jaques, who was widely respected for both his clinical experience and medical leadership, developed a reputation for being pampered, privileged, pompous and unreasonably demanding. I didn't share this belief, but saw why most non-surgeons did.

In any event, after the decision was made and announced, there was never anymore questioning. Dave and George continued to be very supportive and if they ever had a reservation, they never announced it to me.

4-9.3 Theater Medical Unit Command Issues

While I worked out my own command issues within the battalion, Corps level medical units streaming into country provided numerous examples of the execution and effects of the AMEDD command policy.

On 16 September 1990, COL Faust, Commander of the 44th Medical Brigade, whom I had worked with during Operation Just Cause, called to ask me a favor. He had relieved an MC Colonel at the 28th CSH in Dhahran and desperately needed a qualified replacement. He asked me for COL Hugh Donahue who, at the time, was our senior MO and general surgeon.

COL Donahue had participated in the Operation Just Cause combat parachute assault with the battalion and was considered a precious resource. I acknowledged it would be a good assignment for COL Donahue and felt the medical theater would be best served by allowing COL Donahue to command the 28th CSH. After discussing the issue with COL Donahue and LTC Jaques, I agreed to release COL Donahue on condition that I got to pick a replacement surgeon of my choice and that COL Donahue would return to the Division if it was employed in an airborne scenario. It was agreed and COL Donahue assumed command of the 28th CSH on 21 September 1990.

The 28th CSH command debacle however, was only the first of a cluster of like situations which required the medical brigade commander, himself an MSC, to relieve a physician for command incompetence. The relief of the XVIII Airborne Corps Surgeon, COL Miller, for general ineffectiveness, provided theater wide visibility to the problem of AMEDD command and leadership. LTG Luck, the XVIIIth Airborne Corps commander sent a terse message to the Army Surgeon General documenting the problem and admonishing the system for failing to provide physicians trained and prepared to assume command in accordance with the AMEDD's own doctrine. Sadder still, was having to watch competent MSCs, developed, trained and assigned by the AMEDD to command, give up their their command positions to untrained physicians, for the sake of doctrine.

LTC Tommy Mayes, an MSC with whom I had served and highly respected, had assumed command of the 326th Medical Battalion just days prior to the invasion of Kuwait. In October 1990, he was forced to give up his command to the Division Surgeon, who just happened to be the highest ranking MC in the division. Apparently the installation Director of Health Care at Fort Campbell, Kentucky, had advised the 101st Air Assault Division Commander of the political correctness of changing out all medical commands to physicians. Despite the objections of the DISCOM commander and Assistant Division Commander for Maneuver (who became the 82d Airborne Division Commander in June 1991 and related this story to me), LTC Mayes and his MSC company

commanders were replaced with physicians. I sympathized deeply with LTC Mayes. Like myself, he had spent a career training and waiting for the priveledge of commanding. I'll never forget the bitterness I saw and heard expressed by the young MSCs or of LTC Mayes maintaining his professional composure throughout the ordeal.

Some outgoing MSC's couldn't see themselves hanging around their old unit while a newcomer commanded. Personally, I considered it punishing and callous for anyone to expect the MSC to "hang around." The physicians I talked to couldn't understand this feeling. Doctrinally, there is no position for the outgoing MSC commander. Presumably, he's available for theater wide assignment. During ODS/S, the outgoing MSC usually displaced the executive officer, who displaced someone else, etc., creating a whole new chain of discontent. In other cases, the MSC moved into other jobs in theater and reassumed command of their units for the redeployment. In at least two cases I know of, there was such animosity generated by the outgoing MSC and new MC commander that the MSC was relieved or threatened with relief.

I should also point out that there were some MSCs who changed command and outwardly got along well with the new command arrangement. LTC Steve Johnson, commander of the 5th MASH in Dhahran, gave up his command on 26 September 1990 to COL Steinweg from WACH at Fort Bragg. They both worked very well together and exemplified how the AMEDD command policy might ideally work,

given special personalities and circumstances. Nevertheless, not everyone was happy. COL Steinweg was a family practice physician and the fact he was commanding a surgical hospital didn't sit too well with any of the surgeons who bristled at the thought. It just proved that nothing concerning the AMEDD command policy was easy and you couldn't make everyone happy, no matter what you did. The entire policy issue needs rethinking.

4-10.0 Division Focus

From it's first arrival in country, the Division developed a planning and operations focus to accomodate the evolving theater scenario.

4-10.1 Initial Defense of Saudi Arabia

From our August 1990 arrival until 28 September 1990, the Division focus was to defend Saudi Arabia against a probable Iraqi attack, along the two East Coast high speed avenues of approach. It was envisioned that the Iraqi's would attempt to capture the Al Jubail oil fields and desalinization plants in 24 hours; capture Dhahran in 48; and Riyadh in 72 hours.

The 2d Brigade was positioned north in Al Jubail to serve as the first line of defense. The plan called for 2d Bde to stay north until the 24th Infantry Division arrived. Meanwhile, the 1st Bde, DISCOM and DIVARTY were arriving and establishing Champion Main.

During the entire defense phase, until early October 1990, MG Johnson stated he wanted DISCOM moved off Champion Main. Besides space constraints, he wanted to position his Division and

Brigade level logistics organizations (including the FSMCs and medical battalion) behind the maneuver brigades. The entire DISCOM felt like bastard children, being pushed out of the comfort of Champion Main, but it was standard procedure for the maneuver units to get priority for everything. On the positive side, the situation offered a perfect opportunity to get away from the DISCOM and Division flagpole and establish a camp of our own.

The CSM and I wasted no time reconnoitering for a base camp. We located several host nation facilities which would have served as excellent camps for the battalion. We even located a Saudi Arabian Coast Guard Camp to station the DISCOM HQ and Division Materiel Management Office. Despite favorable negotiations with Host Nation representatives, the requests were disapproved by ARCENT in Dhahran after weeks of staffing and coordination. By the end of August 1990, incoming Corps and Echelons above Division (EAD) units were quickly appropriating all the usable real estate in the Dhahran area. As time moved on, the common Division perception was that priority for all resources had shifted from combat units to the rear echelon units. At one point in our facilities negotiations, I discovered someone from the 44th Medical Brigade had gone out of their way to tell the ARCENT contracting office that the battalion didn't need a particular facility (that they wanted for themselves), citing Corps priority for hardened installations. This typified the almost universal competition and general disaffection

generated between the battalion and Corps level units.

As the US 1st Marine Expeditionary Force arrived in Al Jubail and took up defensive positions, the 2d Bde was moved south to Abqaiq to protect the large oilfields and pumping stations in the region. During their 23 September 1990 move to Abqaiq, the 2d Brigade indicated they wanted their supporting FSMC (Charlie company) to base at Champion Main with the battalion headquarters. As much as I would have liked to, it was a ridiculous proposition in that the 2d Brigade would have been completely without Division level medical support. This mentality of not needing medical support, or a willingness to give it up for something else, typified some fairly common notions among line planners. The long distance separation between Abqaiq and Champion Main though, hampered our command and logistics lines of communication with Charlie company. Telephone service, although existent, was temperamental and there was never any substitute for direct, face-to-face communications. Consequently, the Charlie company commander had less visibility (both a blessing and a curse from his perspective) and greatly reduced access to resources, training and most other opportunities generated from Champion Main.

Besides getting positioned in country, the Division was focused on training and preparing for defense. Everything had to be able to move in four hours, remain unloaded, packed, etc.. So a lot of thought had to go into what we unloaded at the TMC, how quickly we had to perform inventories, how extensive our field

training consumption should be, etc.. In the battalion, we created many redundant systems, medical sets, equipment packages, etc., so we could maintain a maximum go-to-war posture and work with "throw away" resources on a daily basis.

By the end of September 1990, the "imminent Iraqi attack" mentality trailed off and a longterm "Sitzkrieg" perspective took over.

4-10.2 Theater Reserve

By early October 1990, the Division had shifted it's focus from the theater first line of defense to one of theater reserve. The US Marines, 24th Infantry Division and 101st Air Assault Division had arrived and assumed defensive positions along the Iraqi border. The 82d Airborne Division was conspicuously located to the rear of the other combat forces in country. The new operational focus was providing theater reserve forces and defending Al Ghawar, the world's largest oilfield, southwest of Abqaiq. The Corps salivated at the prospect of acquiring the real estate at Champion Main. Like vultures, Corps medical units started visiting the battalion looking for real estate to establish themselves. As directed, MG Johnson initiated planning to move the Division, but simultaneously fought to keep the Division at Champion Main. He was successful, reasoning that the Division would have sufficient time to move and occupy it's new defensive positions in the event of an unlikely Iraqi attack.

We never knew for sure if the Division would move and

consequently had to conduct a detailed reconnaissance of the new Shadqam locations in mid-October. As always, I felt the medical battalion took back seat within DISCOM's allocation of space and facilities. DISCOM was never on the same medical wavelength as the battlion. They had no concept of the numbers and types of Corps level medical units that would fall in on the battalion to support a defense and therefore couldn't visulaize our space and operational requirements. On 25 October 1990, we were informed that the Division couldn't move into the Shadqam facility for some environmental reason or another. Fortunately, we never moved, but all through the month of November and December, we lived under the stress of having to move, just when our priority training programs were getting underway. We also had to devote a tremendous amount of time to planning for execution and sustainment of the movement south which never materialized.

4-10.3 CENTCOM's Praetorian Guard

As President Bush's 15 January 1991 deadline (K-Day as portrayed in the press) for Iraq to vacate Kuwait drew near, apprehension developed over Iraq's pre-emptive courses of action. On 8 January 1991, Division received a warning order to move north of Riyadh and protect the Saudi Arabian capital city of Riyadh, also the location of the CENTCOM headquarters. People began to nickname the Division CENTCOMs "Praetorian Palace Guard."

With no advanced warning, the Division moved the 3d Brigade (one battalion in 24 hours; the remaining two battalions

within 48 hours) and elements of the Aviation Brigade to the Saudi airfield at Thumamah, north of Riyadh. Our Delta FSMC accompanied the brigade and established a field based clearing station. This move interrupted all of our operations at Champion Main. Normal TMC operations, EMT training and other activities came to a halt while the 3d Brigade deployed and the rest of the Division and DISCOM planned to follow.

On 10 January 1991, CENTCOM told the remainder of the Division to postpone its movement to Riyadh. Despite the postponement, we continued to upload our equipment, refine load plans, distribute ammunition and continue preparations for our movement to TAA.

4-10.4 Offensive/Movement Planning

The final Division focus during the defense phase was preparation for offensive operations and movement to the TAA. At this point, the Division concentrated on clearing out of Champion Main, Abqaiq and Al Hufuf, establishing forward logistics bases and planning the TAA occupation.

It was mid-November before we had our first indication that offensive planning was beginning to take place in theater. But by the end of November, the Division still didn't have a mission. There was widespread conjecture whether or not the Division would have an airborne mission. Parachutes had been delivered and were stored on Champion Main. Airborne sustainment training and Jumpmaster refresher courses were conducted with Division guidance. Common rumors also persisted that General

Schwarzkopf didn't like the Division and would never consider an airborne option. When CENTCOM refused to allow the Division to conduct training jump operations in theater, it became obvious Division would not be given the strategic mission it was organized or capable of performing.

We received our first good look at the Corps offensive plan and Division mission on 10 January 1991. When we began compartmented offensive planning, the Division limited involvement to battalion commanders and S-3s. I took a risk and briefed Dave Jaques as the planning progressed. This helped maintain our professional alliance and provided him an opportunity to "bless" the medical plan. Everyone else, including the company commanders, staff and physicians became upset that they weren't "read on." They would have been disappointed with the planning though, because there were a lot of "to be determined" answers to our medical specific questions. Despite exhaustive efforts through the Division and Corps Surgeon's office, we were unable to link up with the 6th French Light Armor Division surgeon to involve them in planning. I was disappointed that they didn't attempt to contact us because we were supporting them with one FSMC. The only definitive outcome of the planning involved the establishment of a logistic task force (LTF Walker) south of King Khalid Military City (KKMC) in Hafar al Batin and the battalion TAA movement planning.

On 15 January 1991, battalion headquarters sent a quartering party, led by 1LT Paul Duray, to LTF Walker. On 17

January, we sent an AM communications, sick call, ground evacuation and cook augmentation element to the site. Our medical element remained with LTF Walker until February 1991.

4-11.0 Medical Planning and Coordination

As with any division level medical unit, the thrust of our medical planning evolved around providing division level medical support to the division. This involves providing advanced resuscitation, evacuation and medical resupply to our supported units. After planning the employment of all the medical battalion's resources, the battalion coordinates for the support and integration of necessary Corps level medical assets. Despite our self-respecting belief that we had the initiative and capabilities to do many things ourselves, we were reliant on the XVIII Airborne Corps Surgeon and the 44th Medical Brigade from Fort Bragg for this higher level support.

4-11.1 XVIII Airborne Corps Surgeon's Office

We looked to the Corps Surgeon for medical technical advice and supervision, logistics guidance, resource assistance, synchronization and representation at the theater and service component level.

Fortunately for us, the two key medical planners in the Corps Surgeon's office were formerly assigned to the medical battalion. MAJ Mike Garrett, formerly the battalion XO, served as the Corps Medical Operations officer. CPT Lee Thompson, formerly the commander of Charlie company and best commander in the battalion at the time, was the Corps medical logistician.

Both officers served the Corps well and never forgot their battalion roots.

COL Miller, appointed at Fort Bragg as the Corps Surgeon in May 1990, didn't survive two months in Saudi Arabia. Disoriented, disorganized and indecisive, he had no vision whatsoever of how the medical theater should be shaped. He was unable to articulate any relevant medical direction or portray a unified medical plan. His poor leadership hobbled the entire office and allowed an unsynchronized pack of self appointed medical experts to confuse and attempt to shape the theater. He was replaced by COL Timboe, who provided an immediate and lasting burst of necessary competence, maturity and direction to Corps medical units.

The Corps Surgeon initially sponsored weekly meetings in Dhahran, which were very beneficial from several points. The meetings served as coordination sessions between adjacent, supported and supporting units, where poor telephones or hidden desert locations often made contact difficult. The meetings provided the primary source of information on the theater development and unit capabilities. I also considered the meetings a good forum for solving Division or Corps related problems. During the span of meetings, units had an opportunity to introduce themselves, outline their capabilities, problems and planned operations. For MSCs and MCs alike, it was a time to renew professional acquaintances, share experiences and barter for needed support. The positive aspects of the meeting were

oftentimes offset by the initial Corps Surgeon's inability to structure and control the meeting, speakers or issues. In this respect, they lost a tremendous opportunity to take control, shape the theater and mediate support discrepancies. By the end of October, Corps meetings were scheduled every two weeks, then monthly until December 1990.

The battalion conducted very little operational medical planning with the Corps Surgeon's office. Our best source of theater updates came from the 44th Medical Brigade in Dhahran, with whom we conducted the most detailed planning. I envisioned the Corps Surgeon taking a firmer hand in planning, synchronizing, arbitrating and issuing medical guidance than they did. For whatever reason, they abrogated these duties to the 44th Medical Brigade, who had a strong commander and control of all the Corps medical assets. COL Timboe turned some of this around, but he was already behind the power curve when he assumed office.

CPT Thompson provided the battalion with exceptional medical logistics support. A hardworking and sincere officer, he provided consistently accurate information and had one of the few validated visions of theater medical logistics. He cut right to the problem source and didn't mind whose feathers he ruffled. I'd have promoted him three grades and put him in charge of theater medical logistics.

4-11.2 44th Medical Brigade

The majority of our detailed medical planning was

conducted with the staff and subordinate units of the 44th Medical Brigade. Commanded by COL Gerome Faust, an MSC aviator, the 44th Medical Brigade controlled all the Corps level medical units supporting XVIII Airborne Corps in theater. Their home stationing at Fort Bragg provided us a longstanding opportunity to routinely work with them during peacetime and contingency operations. Despite a visible history of spirited cooperation with the 44th Med Bde, paranoid suspicion, passionate competitiveness and professional one-upsmanship dominated the relationship at the worker level.

The medical battalion viewed the medical brigade as a predominately non-airborne rear echelon unit, with a dissimilar airborne work ethic and culture. Controlling vast numbers of medical resources, it was often perceived that the 44th Med Bde couldn't or wouldn't provide necessary support, unless it was self serving. Every planning session and especially every contingency operation was dominated by the medical brigade's attempt to deploy their Corps level assets before the Division deployed theirs. Professional rivalry derived from who had the best organized and equipped surgical teams, who could conduct the best EFMB, who could get to the battle first and so forth. The routine peacetime grievance with the 44th Med Bde centered on the poor logistics support provided by the 32d MEDSOM. During Operation Just Cause, the battalion received atrocious medical logistics and poor evacuation support from the brigade, yet witnessed medals presented to those responsible and listened to

incredible after action assessments that bore little resemblance to the miserable performance.

I was always mindful of the scope and intensity of the competition between our unit and the 44th Med Bde and tempered it whenever necessary. COL Faust was a competent, first rate officer who we respected and considered a friend. Unfortunately, many members of his staff lost our respect and confidence. Rumors of flagrant misconduct and infidelity plagued their officer staff. The lack of any visible disciplinary action and the awarding of medals to officers involved upon redeployment only reinforced the rift between units. Pride in accomplishing the medical mission however, always superceded the competition, disputes and grievances.

Our early attempts to coordinate Corps level medical support for the Division was frustrated by the inability to identify units scheduled to deploy into theater. Lists of hospital units, numbers of beds, air and ground ambulances and medical logistics resources changed weekly, sometimes daily. The 44th Med Bde was good about sharing information when they had any, but they seemed to accept the changing troop lists and deployment priorities generated somewhere, by someone, without any ability to influence the process. As units finally arrived in country, I considered the brigade fair in apportioning and positioning Corps level medical units. I found some fault though, in the brigade's lack of coordination and synchronization, inattentiveness to support continuity and

failure to develop a "supporting" versus "supported" mindset in their units. These faults were evidenced during problems regulating patients, establishing medical logistics policies, supporting Division operations with air and ground ambulances and providing written medical plans in sufficient time to analyze and coordinate operations.

4-11.3 Theater Medical Command

Both Theater and CENTCOM surgeons had poor visibility throughout the deployment. They remained relatively nameless, faceless and ineffective from our perspective. During the initial theater buildup, when forces were being shaped and medical assets in country were pathetically scarce, I envisioned a Theater Surgeon who demonstrated a firm grasp of the situation, communicated a clear vision of the medical situation and facilitated theater medical unity. COL Tsoulis, the Theater Surgeon, was a disappointment. His caustic personality and pompous attitude was divisive and provided no inspiration in the midst of the crisis. It was widely believed that he blunted efforts by the Army Surgeon General to deploy a Medical Corps general officer to the theater to create and command a doctrinal theater medical command.

During the emergency deployment of the 82d Airborne Division to Thumamah in January 1991, the Theater Surgeon's staff demonstrated a glaring inability to provide rudimentary medical planning information or assistance for an operation in their own back yard. During a telephone altercation with COL Tsoulis over

their inability to provide assistance, he seemed more concerned over my audacity to call him directly rather than his own staff's ineffectiveness. Regretably, throughout the deployment, the senior surgeon in theater failed to provide the medical leadership that was so desperately needed.

4-12.0 Medical In Progress Reviews (MIPR)

Beginning in November 1990, the medical battalion began weekly MIPR meetings described in Chapter 2. The assignment of 18 physicians to the battalion combined with their genuine interest in clearing station operations provided us a rare opportunity to explore and validate several doctrinal capabilities, packing lists and functional area configurations.

Peacetime training operations never involved the sustained treatment of life threatened casualties. Once stabilized, seriously injured patients were always air evacuated to the nearest medical treatment facility. Consequently, there was never a compelling requirement to focus on fluids, oxygen and other treatment supplies needed to operate a fully capable clearing station. In a peacetime environment, scarce fiscal resources precluded fully outfitting the clearing station with potency dated or environmentally perishable supplies.

4-12.1 Medical Issues Reviewed

Figure 11 identifies the MIPR topics and assigned action officers.

Nothing we did during our nine month deployment rivaled the professional education everyone derived from the MIPR

<u>SUBJECT</u>	<u>ACTION OFFICER</u>
1. M-996 Packing List	SSG Cummings
2. M-996 BAS Resupply List	SSG CUMmings
3. Blood Collection/Admin	CPT Strawder
4. Div Blood Policy	MAJ Bolan
5. Suture Sets	MAJ Shriver
6. ATLS Resuscitation Point	LTC Whitman
7. Field Lab Procedures	CPT Chapa
8. Airborne Surgical Instrmt	LTC Jaques
9. Ambulatory/Sick Call Set	MAJ Goforth
10. Pediatrics/OB	CW2 Hansen
11. Medical Chest Marking	SSG Green
12. Airbonre Anesthesia	MAJ Kaplan
13. Patient Hold Set	MAJ Herbert
14. Pharmacy Chest Packing	SGT Reid
15. Oxygen/Fluids Requirements	MAJ Clark
16. Medical Supply Stockage	1LT Branch
17. Dental Configuration	MAJ Madison
18. Personnel Decontamination	SSG Polve
19. Laboratory Configuration	SGT Hassinger
20. X-Ray Configuration	SGT Sanders
21. Optometry Configuration	MAJ Latch

Figure 11 Operation Desert Shield MIPR Action Officers

process, findings and implementations. Given the time and the dedicated involvement of clinical experts, we challenged every significant doctrinal, organizational and packing list premise under which the battalion was organized. Starting from scratch, we analyzed the clearing station mission, then applied modern treatment protocols, techniques and supply expenditure rates to validate doctrinal treatment and sustainment objectives. Although we had incorporated some good lessons learned from Operation Just Cause, most major functional areas of the clearing station had not been critically challenged or reviewed.

For example, a mission of the division clearing station

is to provide advanced resuscitation, emergency operative support and patient holding for 20 (expandable to 40) patients for 3-5 days. No doctrinal manual or course of instruction outlines the detailed assumptions or rationale upon which these missions are given. There was nothing in writing that stated how many patients, by category of injury, each basic equipment set supported. Fluid, oxygen, blood, bandages, antibiotic, etc., volumes were all unstated or assumed at the MTOE basis of issue. These were the types of questions that we sought to satisfy before entering the ground combat phase.

4-12.2 Division Level Blood Program

The entire concept and technical details of drawing, storing, administering and testing whole blood at the division clearing station has largely been ignored since the Korean war. Since most patients during the Vietnam war overflowed division clearing stations and went directly to corps level hospitals, the institutional memory and clinical art of division blood management suffered a near forty year lapse. Modern physicians don't handle blood anymore. It's become so specialized that physicians have lost experience dealing with blood. The contemporary technical information available on blood management was focused largely on theater and corps hospital blood receipt and storage. Fortunately for the battalion, MAJ Charles Bolan, a board certified Internal Medicine specialist and senior MO in B Company, volunteered to comprehensively investigate and develop blood procedures for the division.

Appendix M represents MAJ Bolan's final division level blood document. His findings and procedures were formally presented to the Corps and Division Surgeons, the theater blood managers and several dozen physicians from other divisions. Filling a necessary void in AMEDD technical doctrine, MAJ Bolan's division blood management procedures were adopted as the theater policy for divisions.

Figure 12 outlines some of the key blood axioms presented by MAJ Bolan.

4-12.3 Treatment Tent Configuration

Since no doctrinal diagrams or explanations for the internal arrangement of any clearing station functional area existed, each company in the battalion had evolved their own preferred layout and each was different. During Operation Just Cause, in watching the treatment of real world casualties, I learned how valuable the after action review process could be. After a round of resuscitation, I found asking the team to evaluate what they did, why they did it and how they could make it better to be invaluable. I was never surprised to discover how this process consistently and dramatically improved the operation. The problem I faced was convincing veteran medics, entrenched in their ways, of any reason for exploring alternative layouts. I received significant resistance from the enlisted medics at the notion of standardizing configurations, which was seen as an attempt to interfere in company traditions. The PROFIS physicians, who demonstrated an active

- Whole blood is vital to the resuscitative process at division level
- Blood Type distribution in general population:
 - A - 45%
 - B - 10% Rh POS - 85%
 - O - 40% Rh NEG - 15%
 - AB - 5%
- Type A/O blood is found in 85% of the population.
- If you give the wrong blood type, you will likely kill the patient.
- You can give the wrong Rh factor blood without killing the patient.
- If you give the wrong Rh factor blood to a female, you could sensitize her and cause sterility.
- Type O blood can be given to anyone.
- Type A blood can be given to type A blood patients.
- A random mix of type A/O blood can satisfy the largest portion of the patient population.
- In most circumstances, ABO-Rh testing using the slide method provides sufficient compatibility assurance to administer blood.
- In an emergency, blood may be administered without compatibility testing, relying on the patient's dog tag and blood bag label. Patient accepts some risk.
- Whole blood can be safely collected and stored at division level with the proper equipment.
- FSMC should store and maintain 60 units of blood; ideally, all O POS or NEG; worst case a random mix of A/O blood with no more than 45% type A.
- HQ&A Co with surgical squads should store 90-120 units of blood.
- The Electrolux Thermostabilizer with built in temperature monitoring and alarm unit provided safe storage under desert conditions.
- Packed Red Blood Cells (PRBC) can be safely stored for 35 days between 1-6 degrees Celcius.

Figure 12 Key Division Blood Program Principles

interest in ATLS configuration, were viewed by medics as meddlers in something that had once solidly been the medics domain. I finally directed each company to set up and defend their layout in front of each other. In most cases, just seeing good ideas

employed was convincing enough for most to embrace a change.

Appendix N depicts the ideal configuration for a resuscitation operation established in a GP Large tent. Incorporating lessons learned from Operation Just Cause, this configuration was produced after exhaustive field testing and critical evaluation by our battalion senior medics, PAs and physicians. Wherever some disagreement remained on where best to place a table, position a light or hang an IV, Dave Jaques and I made the decision. The layout became battalion SOP and was strictly enforced.

I can't overemphasize the importance this layout had in terms of maximizing treatment capability and resources. During my visits to other division clearing stations in theater, I was appalled at treatment tent variations in layout, equipment and capabilities. It represented a great shortcoming in my view, one derived from a lack of even fundamental technical medical guidance.

4-12.4 Clearing Station Treatment Capabilities

Doctrinally, the treatment mission of the clearing station is to provide division level medical support and patient holding for up to 40 patients for 72 hours. As with most other field medical systems, technical "how to" doctrine was absent. No manual clearly describes the detailed innerworkings of a clearing station. How many patients by category can a clearing station treat? How many days of supply does it carry? How much fluid and oxygen is needed? How many hours can each

resuscitation point be expected to operate? All these questions and more begged answering by the MIPR panel.

Comprehensive MIPR clinical analysis, repeated field trials and real world treatment experience allowed the battalion to articulate clear mission capabilities of the clearing station. Although seemingly unsurprising, the statements document proven capabilities found nowhere in any service literature.

Based on the MIPR process, some of the basic treatment premises are highlighted in Figure 13.

- A clearing station can operate four advanced resuscitation points in the ATLS tent, or any combination of points, an average of 16 hours/day if resupplied.
- All points can surge for longer periods, but with reduced effectiveness. Sustained sleep deprivation adversely affects clinical, life impacting judgements.
- The clearing station has enough staff, equipment and supplies to resuscitate 70 life threatened (immediate) and 140 minimal, delayed and expectant patients a day.
- Each life threatened resuscitation requires an average of 50-60 minutes, including cleanup and preparation for the next patient. Delayed and minimal patients require less time.

Figure 13 Divisional Clearing Station Treatment Axioms

4-12.5 Clearing Station Fluid Requirements

The MIPR fluid study project documented our intravenous fluid requirements to support the treatment and holding missions. The project results revealed that we had seriously understated our IV fluid stockage levels. The significant fluid weight and

cube increases we generated created transportation problems for both the FSMC and DMSO. Our experience with Corps level medical units supporting us demonstrated they failed to make any scientific fluid load calculations. The implication being that the battalion had to carry more fluid to make up for Corps shortages. Our fluid tenets are identified in Figure 14.

- Each patient requires four liters of IV fluid/day. Based on treating 70 immediate patients, 24 boxes (12/box) of IV fluid are needed each day.
- Patients recovering or awaiting evacuation require three maintenance liters/day. Based on holding 40 patients, 10 cases (12/box) of IV fluid are needed each day.
- Eight of ten injuries will receive 1-vial (750 mg) of an IV additive (antibiotic). Plan for the same ratio of patients to receive morphine or similar analgesic.
- Plan to administer four units of blood to 20% of the life threatened patients. (20% of 70 immediates times four units of blood equals 56 units of blood/day).

Figure 14 Divisional Clearing Station Intravenous Fluid Axioms

Figure 15 highlights summary fluid requirements for 72 hours ATLS and Patient Hold operations.

4-12.6 Clearing Station Oxygen Requirements

Just like our fluid analysis, clearing station oxygen requirements had been largely uncalculated and understated. The fact that steel oxygen tanks were large, heavy and posed some handling and explosion hazards made the topic unpopular to deal with. Dave Jaques and I also noted how little most clinicians and medics know about oxygen and delivery means.

IV Fluids (box of 12): 100 boxes total, weighing 2,640 lbs. (ATLS-70 boxes; Pt Hold-30 boxes). Does not support the surgical squad, aidbag resupply, ambulance platoon, minimal, delayed or expectant patients or BAS resupply.
Blood Requirement: 168 units PRBC or whole blood. Does not support surgical squads in HQ&A Co (90-120 units PRBC).

Figure 15 Summary 72 Hour Intravenous Fluid Requirements

Our oxygen requirements were based on the calculations presented in Figure 16.

Figure 17 highlights summary oxygen requirements for 72 hours ATLS and Patient Hold operations.

4-12.7 Sets, Kits and Outfits (SKO) Packing Lists

The most profound product of the MIPR studies was the development of comprehensive packing lists for the clearing station. Based on the MIPR clinical studies, reviews and operational experience, the SKOs at Appendix O, represent the most comprehensive and clinically updated clearing station packing list. Unfortunately, these monumental lessons learned stand a good chance of being lost. Within six months of redeployment, the battalion was scheduled to receive "MOD MED", a completely new clearing station set of equipment, with unproven packing lists. Time will tell how many of the same MIPR projects will have to be restudied and painfully relearned.

4-13.0 Division Medical Supply (DMSO) Operations

- Each resuscitation point and ATLS tent observation point requires high flow (≥ 10 liters/min) oxygen.
- An estimated eight patients on the patient hold ward will require low flow (≤ 6 liters/min) maintenance oxygen.
- H cylinder steel oxygen tanks hold 6900 liters of oxygen. Delivering a high flow of 12 liters/min, each tank supports 9.58 hours of oxygen or an estimated 9-15 patients requiring resuscitation.
- D cylinder oxygen tanks hold 240 liters and deliver 20 minutes of high flow or 40 minutes of low flow oxygen.
- Based on all the casualty and treatment projections, each ATLS tent requires five H cylinders with single adjustable flow meter (one at each resuscitation point; and one shared H cylinder between the two ATLS observation points fitted with a multiple inhalator flow meter) per day.
- Each of the four authorized ATLS sets, kits and outfits requires two D cylinders (eight total), with single adjustable flow meter, to provide a mobile oxygen source in the event a mobile treatment mission is executed.
- The patient hold section requires one H cylinder with multiple inhalator flow meter (services up to five patients); two oxygen concentrators outfitted with T connectors (services two patients each) and two D cylinders with single adjustable flow meters to support patient transport or the ICU table.
- The oxygen concentrator delivers low flow oxygen (90% oxygen at 6 liters/min) and is generally unsuitable for resuscitation. An attached T connector allows dual delivery of 38% oxygen at 3 liters/min and is suitable for patient maintenance.

Figure 16 Divisional Clearing Station Patient Oxygen Requirements

Oxygen Requirements: 6 H cylinders, 2 Oxygen concentrators, 10 D cylinders, 2 multiple inhalator flow meters, 14 single adjustable flow meters.

Figure 17 Summary 72 Hours Oxygen Requirements

Developing the DMSO over a six months period at Champion Main was a monstrous challenge which required a tremendous expenditure of energy and dollar resources.

During the deployment phase, the DMSO easily supported the Division with contingency shelf stocks. The DMSO delivered stocks of foot powder, camouflage sticks, first aid bandages, PB anti-nerve agent tablets, MARK I and sunscreen to the CMA for issue to deploying soldiers. Vaccines were provided to the CMA aid station and requesting units for immunization.

Remembering the poor medical resupply support received during Operation Just Cause, I directed the DMSO to palletize our contingency bundles of medical resupply (configured in A-22 cargo bundles for air drop) and air ship them with our deploying FSMC. As the deployment grew in size and scope, we shipped almost all of the Class VIII supplies received as part of the USAMMA \$2.4 million purchase. Half the DMSO staff stayed in the rear to push out supplies and the remainder of the staff deployed to receipt and issue them in Saudi Arabia. No one at the time had any idea of the size or magnitude of Class VIII operation we were embarked upon.

4-13.1 Champion Main DMSO

Upon arrival in Saudi Arabia, the DMSO officer and staff of two set about to recover all Class VIII pallets shipped from Fort Bragg. It was not an easy task. Identifying pallet markings, load plans and aircraft mission numbers was difficult because of the unreliable communications link with our Fort Bragg

rear detachment. When a pallet arrived at Dhahran airfield, it was stored with hundreds, then thousands of similar pallets. Finding it was like searching for a car in several shopping center parking lots with no idea where to begin. Eager to accomplish their mission, the DMSO staff never failed to locate our supplies.

Brought back to Champion Main, pallets were broken down and supplies stored on pre-existing metal shelves in two cargo bays of the assigned warehouse. Clinic operations, BAS functions and MIPR study results stimulated the prolonged growth of the DMSO.

Before the deployment, the DMSO operated a 275 line item warehouse at Fort Bragg to support the Division. Requests for non-stocked items were forwarded to the 32d MEDSOM or the installation medical supply warehouse operated by WACH. During the six month support operation at Champion Main, the DMSO warehouse grew to support over 500 line items. This phenomenon threw into question the mission and capabilities of the DMSO.

Organized to support the medical battlefield (bandages, fluids, oxygen, equipment and limited medication), the DMSO at Champion Main was required to support a garrisoned division. Over time, acute and chronically ill patients presented themselves for treatment, especially as we advertised for patients to keep our clinicians occupied. Physicians, all clinical specialists, continued to add more pharmaceutical line items to the DMSO stockage list and complained when they couldn't

get supplied. From exotic blood pressure medications to antihistamines, our drug classes of supply largely went unchecked. The DMSO staff was frustrated at the attempt to seemingly "replicate a Medical Center." Clinicians just wanted to maintain the same standard of CONUS based care. Eventually, Dave Jaques agreed to supervise the proliferation of our drug lists. What's worth noting though, is that the DMSO created a respectably stocked Class VIII warehouse that provided clinicians with a comparatively sophisticated primary and secondary care capability. Supporting the patients and their health care providers to extraordinary lengths, was my rationale for allowing the Class VIII warehouse to grow.

A predetermined, clinically sanctioned, garrison Class VIII stockage list, pared to the minimum essential medications and supplies, would have settled clinical expectations and, with discipline, prevented an uncontrolled warehouse growth.

4-13.2 DMSO Implementation of TAMMIS

In the four weeks prior to deployment, the DMSO had been involved in an automation conversion to the Theater Army Medical Management Information System (TAMMIS). Most unfortunately timed, the Kuwait invasion interrupted scheduled automation training and hardware receipt for all designated Fort Bragg medical units. The DA TAMMIS project office made the risky decision to continue the training and conversion in Saudi Arabia. If the invasion had occurred early, units who had not converted would have been seriously jeopardized. We noted that the 32d

MEDSOM (the theater level Class VIII resuppliers for several weeks), was incapable of supporting both TAMMIS and other division automation or manual methods of supply.

Despite the risks taken, TAMMIS in-country implementation benefitted everyone and provided significant Class VIII management enhancements.

4-13.3 DMSO Stockage List

As I watched the DMSO warehouse get larger and larger with no end to its growth in sight, I sought assistance from the theater medical logisticians. I asked them for doctrinal guidance on how many lines of supply a DMSO should stock to resupply the division. Surprisingly, they were unable to give me an answer to what I considered a basic planning question. I observed that without a target stockage list, DMSO and corps hospital supply operations were free to build up unchecked, creating waste, uneven distribution and supply imbalance throughout theater. There should have been a basic doctrinal stockage list for division and corps hospitals to follow. Without theater's guidance, we solved the problem ourselves by initiating an MIPR project to calculate an accurate DMSO stockage list. It was no easy task.

Using the results from all the MIPR treatment related projects, we laboriously set out to calculate the following:

- Total quantity of supplies, by line item, needed to treat 70 immediates and 140 other patients per day.
- Total quantity of supplies, by line item and

associated days of supply, contained in our battalion SKOs.

- Total quantity of supplies, by line item and associated days of supply, on hand in the DMSO warehouse.
- Total quantity of supplies, by line item and associated days of supply, contained in the theater prepacked resupply bundles based on the new USAMMA Modular Medical (Mod Med) Sets.

The following is an example of the process we used to evaluate our requirements for each item of supply. Of 70 immediate patients we were capable of treating each day, we estimated a need for 28 chest drainage tubes/day. Then we inventoried any SKO that carried a chest tube (ATLS, ATLS Resupply, 91A and 91B Aidbags and Trauma Bag) which determined we carried 152 chest tubes (size 32 French) or 5.4 days of chest tubes. We also determined that we carried 70 chest tubes (size 28 and 36 French), or an additional 2.5 days of potential supply. DMSO stocked 160 tubes of varying size to resupply the division, contributing additional days of supply. These calculations allowed us to increase or decrease line item quantities where needed to meet a desired 5 day of supply level.

Figure 18 presents an analysis of the unconstrained DMSO warehouse stockage list we built up at Champion Main.

Figure 19 represents the results of detailed MIPR analysis of target DMSO stockage lists.

4-13.4 DMSO Customer Support

DMSO supported 37 Divisional and 3 non-division unit

- DMSO stocked 520 lines of medical supply (an additional 1083 lines were non-stocked).
 - 232 (45%) lines were combat critical (stocked in the ATLS, ATLS Resupply, IV Additive, 91A/B BAg, Trauma Bag and Vest).
 - 85 (16%) lines supported minimum pharmacy and sick call requirements.
 - 203 (39%) lines were garrison, non-combat critical related.

Figure 18 Champion Main DMSO Stockage Analysis

- The DMSO go to war stockage list should contain 317 line items in order to resupply division medical units.
- An austere combat critical resupply stockage list can be built with 83 line items to resupply division medical units.
- Fully stocked, the battalion medical treatment SKO provided 5+ days of supply.
- A USAMMA Mod Med Trauma Treatment Resupply Set (TTRS) provides a clearing station with a little under 1 day of supply.
- Division clearing stations can carry 7 days of supply with organic transportation. (5 days full packing in SKO; 2 days abbreviated packing in CONEX).
- DMSO can carry 5 days of austere combat critical (83 lines) supplies to support the division.

Figure 19 DMSO Target Stockage List

accounts during the deployment. Some pertinent performance statistics are as follows:

- DMSO shipped 8 (463L) pallets of Class VIII equipment, worth \$312,134.10, during the initial deployment.
- These supplies sustained the Division for 16 days

before we had to make our first supply request to the 32 MEDSOM.

- DMSO filled the largest percentage of customer demands from it's Fort Bragg stocks than the 32 MEDSOM theater supplier could until 10 October 1990.

- At the highest point, DMSO managed 1,603 lines of supply worth \$1,529,427.00.

- 520 stocked lines (\$625,565.00)

- 1,083 non-stocked lines (\$903,862.00)

- DMSO processed 10,440 supply requests for Desert Shield.

- 126 line items were due-out to customers when DMSO departed Champion Main for the TAA.

- DMSO processed 1,553 supply requests for Desert Storm.

- 351 line items were due-out from the 32 MEDSOM to customers at the completion of Desert Storm.

Final 82d Airborne Division customer charges are presented at Figure 20.

4-13.5 Corps Medical Supply Support

Theater medical logistics support was mostly unsatisfactory and thoroughly unprepared. The 44th Medical Brigade's 32d MEDSOM was incompetently managed and led, making it virtually useless the entire deployment. Remembering the inability of the 32d MEDSOM to support us during Operation Just Cause, I deployed as many supplies as I could in order to support the Division. Logistical records clearly indicate that our own DMSO outsupplied the 32d MEDSOM for 65 days, although our

<u>UNIT</u>	<u>RECEIVED</u>	<u>DUE/OUT</u>
<u>307 Med Bn</u>		
HQ&A Co	\$93,088.87	\$12,745.46
B Co	\$83,618.06	\$21,187.12
C Co	\$81,945.19	\$ 1,470.95
D Co	\$82,273.07	\$17,225.27
TMC#2	\$52,880.55	\$ 216.84
BTLS/CSS	\$ 5,113.96	
Vest/Bag	\$17,077.22	
DMSO	\$ 2,565.86	
BAS resupply	\$57,778.08	
TTRS supply	\$13,421.41	
<u>1st BDE</u>	\$ 869.84	\$ 14.09
1/504	\$20,445.77	
2/504	\$24,064.01	\$ 646.44
3/504	\$31,171.56	\$ 1,654.80
<u>2d BDE</u>	\$ 4,155.36	
1/325	\$66,939.58	
2/325	\$40,445.55	\$ 2,472.15
4/325	\$35,486.31	
<u>3d BDE</u>	\$ 1,316.27	
1/505	\$31,955.21	\$ 53.38
2/505	\$34,723.03	\$ 1,281.54
3/505	\$23,379.90	\$ 1,450.66
<u>DIVARTY</u>	\$ 1,960.56	\$ 1,134.12
1/319	\$ 4,694.09	
2/319	\$14,169.39	
3/319	\$19,354.72	
<u>HHC DISCOM</u>	\$ 534.62	
<u>3/73 ARMOR</u>	\$20,088.58	\$ 2,238.94
<u>82d AVN BDE</u>	\$82,192.22	
<u>307 ENG</u>	\$10,827.93	\$ 23.76
<u>HHC DIV</u>	\$ 6,487.18	\$ 323.71
<u>82d SIGNAL</u>	\$22,935.94	
<u>82d BAND</u>	\$ 1,155.25	
<u>82d MP</u>	\$ 2,248.64	\$ 5,126.56
<u>21st CHEM</u>	\$ 47.96	
<u>82d PSC</u>	\$ 194.76	
<u>313th MI</u>	\$ 6,424.52	\$ 149.24
<u>782 MAINT</u>	\$ 9,551.81	
<u>3/4 ADA</u>	\$ 4,049.78	\$ 38.26
<u>DIV SURG</u>	\$ 4,440.15	
<u>DMMO</u>	\$ 1,926.10	

Figure 20 Operation Desert Shield/Storm Customer Medical Supply Charges

requirement was to deploy with three days of supply.

Despite the hostile feelings between the battalion and the 32d MEDSOM staff, I insisted that our staff bury their feelings and work cooperatively with the MEDSOM. When the MEDSOM finally found a civilian warehouse in Al Khobar (in late August), I offered to provide assistance, realizing that the sooner they opened the better logistics position the Division would be in. From 20-24 August 1990, I voluntarily sent a 10 man crew of DMSO workers and trucks into the MEDSOM to assist cleaning debris, sweeping floors and warehousing medical supplies offloaded from maritime prepositioned ships. The battalion crew returned each night telling me they were the only ones working, describing the lazy and unsupervised atmosphere among the 32d MEDSOM staff. On 24 August 1990, I visited the warehouse to personally requisition 500 bottles of Koaspectate for the Division which was suffering some mild cases of diarrhea. No one would help me without their commander's authorization, so I waited until 2300 hours for him to return. LTC Bruland pointed to the cardboard pallets containing the medication, but refused to give it to me, indicating he was directed to move the warehouse by ARCENT (although he didn't know where). I couldn't believe he refused an emergency requisition, but he did. So I left, went to the ARAMCO civilian hospital I had surveyed and got 500 bottles from the Chief Nurse. After miserably failing the Division in two contingencies, I wrote off the 32d MEDSOM from that day forward.

The only bright spot in the theater logistics picture occurred when the 47th MEDSOM, from Fort Hood, Texas, arrived in

country and took over supervision of theater medical logistics. Commanded by LTC Richard Ursone, his dynamic leadership and brilliant organization caused an immediate and lasting improvement in theater medical support. The 32d MEDSOM seemingly vanished until the movement west to the TAAs and the ground offensive. It was amazing to watch LTC Ursone's organization work amide the chaotic environment they were thrown into. Working from a dingy, crowded Dhahran warehouse, shared with a Saudi Arabian business office, with no environmental temperature controls, the 47th MEDSOM created some semblance of order. One had to see the cramped warehouse and storage yards, with tons of supplies pouring in daily on tractor trailers, customers stacked outside picking up or ordering supplies to appreciate the challenges they were up against. The failure by the 44th Medical Brigade to acquire better facilities for the theater medical supply operation was a significant one, which never allowed the operation to recover. Considering the millions of dollars spent for facilities contracting during the deployment, it was incomprehensible that the theater medical supply operation couldn't get the appropriate support from CENTCOM or ARCENT.

Before redeploying, I visited the Dhahran warehouse to thank them for their support. I couldn't believe the supplies that had stockpiled since our departure for the ground war in January 1991. There must have been 25 acres of medical pallets sitting under open sky outside the warehouse. They had been frozen, rained on and were about to be cooked by the spring Saudi

Arabian sun. Despite the superhuman efforts by the 47th MEDSOM, they were unable to totally overcome the poor theater medical logistics planning, implementation and sustainment I observed for nine months.

CHAPTER 5

TACTICAL ASSEMBLY AREA ACTIVITIES

5-1.0 Introduction

K-Day (Kuwait Day), the 15 January 1991 deadline set by President Bush for Iraq to vacate Kuwait went by without event. At 0235 hours on 17 January 1991, I was still working in my room when the DISCOM CQ informed me that Operation Desert Storm had been initiated against Iraq. I notified the CSM, XO and company commanders. From that day on, units at Champion Main began detailed preparations to move west to their Tactical Assembly Areas (TAA) prior to launching the ground offensive. Since we had spent five months preparing ourselves for the ground battle, our 31 days inside the TAA were focused on completing and refining the medical support plan and sustaining the division.

5-2.0 Equipment and Personnel Upload

We knew since December 1990 that the battalion had only 70% of its prime movers and 48% of its trailers deployed in country. Through field training and load planning exercises, we knew we were short transportation assets. From September 1990 onward, we repeatedly articulated our additional transportation requirements to DISCOM, who denied all our commercial vehicle contract requests.

On 17 January 1991, on the day Desert Storm was initiated, the DISCOM commander finally took our request seriously. I practically had to beg him to let us contract for additional civilian vehicles and think he only signed the request

because he thought we'd never pull it off so late. But we did.

By January though, every decent vehicle available for lease in the theater had already been contracted out. CPT Scotti Clark, our battalion contracting officer, used the local contracting network he had developed over five months, to locate the few remaining trucks in Dhahran, however old and beat up they looked. We eventually contracted for five flatbed tractor trailers, two (7-ton) cargo trucks, four water trucks (5,000 gallons) and two four-wheel drive vehicles.

Some of the commercial lease vehicles weren't ready for dispatch until after we arrived in the TAA. When they finally arrived, they allowed each company to upload 100% of personnel and equipment, including seven days of medical supplies. The DMSO was able to carry five days of division supply.

5-3.0 Movement to the TAA

To position themselves for their ground war mission, the 82d Airborne Division began moving west on 23 January 1991 to occupy TAA PLUM south of the town of Rafha. The most direct route would have been approximately 315 miles northwest along Tapline road which paralleled the Iraqi border. To support the theater deception plan (that the main attack would take place against the heavy Iraqi Republican Guard defense line along the Kuwait/Saudi Arabian border), the Division road marched over 750 miles to it's TAA using the Riyadh-Hafir al Batin-Rafha road route.

Miserable cold, rainy weather plagued the convoy almost

the entire route. Equipment and personnel were crammed into every available space. The convoy route was well marked and excellently prepared by the theater movement control elements. Four organized rest stops provided latrine facilities, showers, sleep tents, multi-fuel sources, maintenance, food and television VCR entertainment. The rest stops were operated by reserve component soldiers, who provided cheerful and friendly service to the hundreds of thousands of soldiers road marching to battle.

As a testament to the battalion's superior maintenance posture, only one vehicle broke down and had to be towed (by one of our own vehicles). The battalion required no outside maintenance assistance to get it's vehicles to the TAA.

5-4.0 Establishing the TAA Base Camp

After arriving in the general vicinity of the DISOM base cluster on the evening of 25 January 1991, we pulled our vehicles into a wagon wheel perimeter and slept under the stars. On 26 January, we conducted a reconnaissance to locate and quarter our specific camp locations. Dedouin goat herders, with their tents, families and trucks were prominently interspersed throughout the area. They moved when it became apparent we were camping in the area. Some had to be told to move by the G-5 interpreters.

Geographically, the area was an inhospitable, barren wasteland, covered with fist sized lava rock. I was determined to make the bivouacs as liveable as possible and rode the company commanders hard, challenging them to improve the camps each day.

5-4.1 Clearing Station Layout

After five months of training and MIPR planning, the battalion had collectively evolved the ideal desert clearing station layout. CPT Strawder, with the largest and most complex company in the battalion, implemented and continuously improved the best version of the clearing station layout I've seen. Occupying over 3,140 square meters, it's outer perimeter was formed by a 12 foot high sand berm, built by two bulldozer engineer teams who spent three days working with CPT Strawder in return for a heated sleeping area and warm food. We built underground bunkers with 18 inches of sandbag cover, to hold every soldier and sufficient space to base 12 helicopters from the 82d Medical Detachment and 36th Medical Company. The camp was simply beautiful and was unmatched by any other unit in Division.

The other companies bivouacked within sectors assigned by the Forward Area Support Teams (FAST). Bravo and Charlie companies closed into TAA PLUM by 29 January 1991 and Delta company closed from Thumamah by 5 February 1991. Each location was widely separated from the battalion headquarters, Charlie company located the farthest away at 31 miles.

5-4.2 Base Camp Improvements

When we departed Champion Main, the Division issued guidance that no latrines or showers would accompany units because space was such a premium. When told we could expect to occupy the TAA for 4-6 weeks, I saw no reason for the battalion

to live like animals. I sent the S-4 section to find out what support was available at all the various logistics bases we had located along our convoy route.

They located just about everything. We sent trucks and a tractor trailer flatbed to the logistics bases and picked up enough brand new latrine boxes and showers with overhead water storage tanks to outfit each FSMC with a doctrinal number of each. We also brought back seven days supply of T-rations, soft drinks, bottled water and fruit. Within a week's time, the battalion had showers, fixed latrines and was serving a hot breakfast and dinner meal.

Working with our Champion Main rear detachment and TAA contracting officer, we purchased enough kerosene space heaters, and emergency lanterns to outfit all the companies. Each company had heated sleeping tents, treatment and work areas.

5-4.3 TAA Personnel Status (PERSTAT) Reporting

The PERSTAT required us to track battalion personnel positioned at five different locations. We had personnel manning LTF Walker in area Quebec, south of Hafar Al Batin; personnel on permanent duty at the DISCOM HQ to provide security; personnel at Champion Main operating sick call and providing equipment security; personnel at the Fort Bragg rear detachment; and personnel in TAA PLUM (Div Rear). When we closed out LTF Walker on 6 February 1991, we only had four locations to report.

5-4.4 Inverted V's

The theater friendly vehicle recognition signal was an

inverted "V" painted on the sides and rear of all vehicles. A VS-17 panel was also supposed to be tied to the top. Beginning 4 February 1991, the CSM supervised the painting of recognition signals on all vehicles in accordance with the Corps detailed instructions. Although we complied to the letter of the instruction, it was interesting to see the dozens of interesting permutations devised by other units in theater to inscribe an inverted "V" on their vehicles and helicopters.

5-4.5 DMSO Operations

DMSO established it's operation in a GP large tent and continued operating the TAMMIS computer to service customers. When Corps stocks of PB tablets, ciprofloxacin and CANA auto-injectors was delayed for issue until early February 1991, DMSO's largest project involved the issue of these critical prophylactic medications to Divisional units before G-Day. This delayed issue, so close to ground combat, was yet another failing caused by theater logistics planners.

5-4.6 Accidental Death

Tapline road was the east-west road which paralleled the border of Iraq and Saudi Arabia. XVIII Airborne and VII Corps tactical units and theater logistics bases were marshalled for three hundred miles along Tapline road which served as the only main supply route in the area. Heavily travelled by slow moving convoys, Tapline road became the most dangerously travelled road in theater. Civilian and military vehicles constantly attempted to pass slower moving traffic, creating numerous accidents

involving soldier fatalities.

On 14 February 1991, we were informed that Charlie company's supply sergeant, Sgt Rollins, was killed while riding as a passenger in a 5-ton truck on a routine supply mission. The driver of the truck was attempting to pass another military vehicle at 55 mph, caught the asphalt lip of the road, swerved out of control and rolled over Sgt Rollins killing him. The driver was treated and released.

We conducted a field memorial service for Sgt Rollins at the Charlie company bivouac on 16 February 1991. With the American flag, company guidon, pair of shined jump boots and M-16 rifle stuck into the ground with a Kevlar helmet sitting on top as a backdrop, the service was stirring as Sgt Rollins was eulogized. It was a very sad day for everyone in the battalion. Sgt Rollins was the only battalion fatality during the operation and one of the very few within the Division.

5-5.0 Planning with the 6th French Light Armor Division

Attempts to meet with the 6th French Division surgeon while we were still at Champion Main proved futile. The best we were able to do was meet with a French liaison officer who knew little about the medical plan or capabilities. One of our first priorities upon arriving in the TAA was linking up with the French surgeon and conducting detailed medical planning and coordination.

LTC Bob Portante was the 82d Airborne Division LNO to the 6th French Div. I had worked with him while serving at JSOC and

during Operation Just Cause, so I had an easy time facilitating a meeting with the French. On 3 February 1991, the Division Surgeon, LTC Jaques, CPT McVeigh and I travelled to the 6th French Division headquarters to meet with COL DeResseguier, their surgeon. We used MAJ Yves Renolleau as an interpreter.

I was very surprised at the lack of detailed planning conducted by the French. They had a poor appreciation of the battlefield and an even poorer idea of how to integrate and synchronize with another service medical element. Nevertheless, we exchanged capabilities and basic concepts for medical support. We identified critical issues, such as MEDEVAC call signs and frequencies, locations, LNOs and patient treatment and transfer protocols. I volunteered to sponsor the follow-up meeting.

5-5.1 Combined Planning Meeting

As prearranged, on 6 February 1991, I flew a UH-60 aircraft into the 6th French Division HQ and picked up COL De Resseguier and his staff and flew them to battalion HQ for a large planning meeting. I wanted to impress the French with a show of American technology and planning savvy. My intent was not only to show off the battalion, but I wanted to make it unmistakably clear we had the planning energy and expertise required to pull off the operation.

We provided the French with a tour of the clearing station, placing great emphasis on our ATLS tent configuration and our surgical capability. Their wide eyes and later visit to their facility, confirmed that the French medical capabilities

were not as sophisticated as ours.

After the facilities tour, we conducted the operations briefing. We invited the Corps surgeon, the company commanders and senior Mos, air ambulance detachment commanders, Division surgeon, 2d Brigade surgeon, Division signal and aviation representatives. LTC Jaques and I sat in the front with COL De Resseguier. CPT McVeigh set up and conducted an impressive briefing. He used a 4 x 8 sheet of plywood covered with paper, depicting the key operational objectives, routes, checkpoints and link-up points. Moving colored foam board cutouts to depict units, he meticulously walked through the operation, briefing each event, highlighting potential pitfalls and solutions. It was a superb briefing which overcame language and service barriers and received overwhelming French approval. After a brief question and answer period, we took group photographs and I presented COL De Resseguier with a battalion coin. He was totally overwhelmed.

5-5.2 Aircraft Coordination

As a result of lingering questions of aircraft radio and litter compatibility, we asked the French to fly in one of their Aerospeciale helicopters to our HQ&A company location on 13 February 1991. We had the opportunity to test radios and litters and become familiar with their capabilities.

5-5.3 Liaison Teams

The US-French medical support plan included the combined use of air and ground evacuation assets and leapfrogging medical

treatment elements. Since the French owned the airspace along the main avenue of approach to the objective locations, we provided two battalion liaison teams with AM and FM radios to synchronize the entire French and US evacuation net. Led by 1LT Troy Davis and 1LT Paul Duray, these LNO teams linked up with the French 24 hours prior to the operation and provided a continuous communications link with the advancing French elements. After the French objectives were secured at Objective Rochambeau and As Salman airfields, the LNO teams returned to our control.

5-6.0 Corps Medical Evacuation Augmentation

As prescribed by doctrine and coordinated during multiple planning meetings, the 44th Medical Brigade provided us with our Corps level air and ground evacuation augmentation. We received 6 (UH-1) aircraft from the 82d Medical Detachment, 6 (UH-60) aircraft from the 36th Medical Company and 6 HMMWV (4-litter) ambulances from the 690th Ambulance Company. All units were subordinate to the 1st Medical Group, which was one of two medical groups organized under the 44th Medical Brigade.

In several planning meetings with the 1st Medical Group in December 1990 and January 1991, I had insisted on placing the Corps units in direct support (DS) of the Division. I wanted the units firmly committed to supporting the Division. The 1st Medical Groups wanted the units in general support (GS), which was too loose and uncommitted an arrangement for me. They reluctantly agreed to the DS support arrangement. If I had any idea how much support they eventually required, I would have

recommended the Division commander insist on having the units attached to the Division.

5-6.1 Support Relationship

Direct support implied that the evacuation units were required to give priority to the Division, without levying any major logistics requirements. Subject to any stipulated limitations, an attachment status would have required the evacuation units to provide the same dedicated support and, more significantly, they would have received major logistical support from the Division.

I specified that Corps evacuation units would be treated as if they were assigned members of the battalion. That meant they received their fair portion of everything the battalion received. I never regretted this decision, because the individual soldiers and flight crews were eager to please and fit into the operation. The battalion provided aviation intelligence, weather and communications support to the Corps units. We also provided the following support, normally reserved for units in an attachment status:

- Rations, sleeping tents, cots, comfort items, kerosene heaters, batteries and miscellaneous supply items.
- Ammunition for individual weapons, pyrotechnics, chaff and flares for the aircraft.
- Fuel for tent stoves, organic vehicles, generators and aircraft.
- Maintenance repair parts for vehicles and aircraft.

- \$10,117.00 worth of medical supplies to outfit and resupply their operation.

- CANA, PB, MarkII and Ciprofloxacin chemical prophylactics.

- Basic map support.

- For sizes available, we also supplied CIF items and desert boots.

The support provided was not insignificant. Division had a hard time providing intermediate level aviation maintenance for a mixture of UH-1 and UH-60 aircraft who weren't attached. Getting additional aviation fuel and on-sight tankers for the aircraft was also difficult. Requisitioning all classes of supplies for an additional 100 personnel, who weren't in an attached status, caused widespread irritation within Division, who could only draw supplies for assigned or attached troops.

5-6.2 Command and Control of Corps Elements

I had enough previous experience with evacuation crews and units to know they can create tremendous mystique about flying, weather, crew rest, maintenance, blade time, flight codes and other aviation language that only they, the initiated, can properly interpret. More frustrating, was when crews would interpret the importance of the missions directed by battalion, leading to critical mission delays or refusal. The one mission refusal during the emergency deployment to Thumamah resulted in an inflammatory message from MG Johnson to the Corps commander, which brought about immediate support from the 44th Medical

Brigade.

During planning sessions with the 1st Medical Group, I made it perfectly clear that regardless of the support relationship, I wanted Corps evacuation crews to fly all missions directed by the battalion, consistent with flight safety. I wanted no mission refusals; questions were to be deferred until after the mission. The crews were very cooperative and I only had one confrontation after the war had ended. I had scheduled a mission to fly medical supplies to our otherwise inaccessible FPMC near Al Nasiriyah. The pilot made the mistake of telling me they weren't a taxi service. I'm sure I lost my composure when I vented my observations of the taxi servicing I had observed within all the medical evacuation units since I had been in country. Air evacuation units used their aircraft to pick up and deliver mail, cigarettes, soft drinks and just about everything else whenever they wanted to. They were also used by the medical group and subordinate battalion commanders to visit their units anytime they wanted. It was common practice for the air evacuation units to fence one of the supporting aircraft as the "commander's aircraft" to attend meetings or use as he saw fit. After my tirade, I ordered the pilot to get into his airplane and fly the mission. He did.

5-6.3 Female Issue

On 17 February 1991, shortly after the arrival of a detachment from the 690th Ambulance Company, I directed four of the six ambulances to move forward in support of Charlie company,

located in the 2d Brigade BSA. I stipulated no females would comprise the crews in accordance with Division policy.

On 18 February I was visited by COL Ideus, Commander of the 1st Medical Group and LTC Novier, Commander of the 35th Medical Battalion (commander for our supporting evacuation units). Assailing me like a 2LT, they questioned my right to direct their assets and place female restrictions on any of their missions without questioning the section leader. I told them I didn't have to be as smart as they were to make the decision and that I wasn't about to consult the 2LT section leader (fresh out of the basic course and assigned seven jobs in two months), for her assessment of the mission. I also related the Division's combat exclusion clause and policy about females in the forward areas. They left in a huff, COL Ideus making off-handed remark about how the airborne maroon beret affected judgement. After their departure, I called COL Bryant and BG Kerr, the ADC-S, to relay what had happened. They reiterated the Division policy and instructed me not to back down.

On 19 February 1991, at 1715 hours, (initially considered to be three days before the ground offensive started), MAJ Bruni, Commander of the 82d Medical Detachment, informed me that COL Ideus had issued them a warning order to "pull out of the AO by 1600 hours on 20 February 1991 if the female issue wasn't resolved [to his satisfaction]." I acknowledged the message and proceeded to call BG Kerr.

BG Kerr and MG Johnson were furious, commenting that 1st

Medical Group "could take their toys and go home if they wanted to." They called XVIII Airborne Corps Chief of Staff, BG Akers and LTG Luck, the Commander. Early on 21 February 1991, I started receiving calls from the 44th Medical Brigade asking me what was going on. COL Faust asked me if I could work out a solution with LTC Novier; I responded yes to LTC Novier, but no to COL Ideus. BG Kerr told me later that the Corps commander was upset by the 1st Med Group threat to withdraw support and had directed the 44th Medical Brigade to "give the Division what they wanted." LTC Novier visited me in the late afternoon and we agreed that none of the five females would be intentionally scheduled to operate in the forward brigade areas.

The entire episode demonstrated the 1st Medical Group commander's failure to understand the difference between a "supporting" and a "supported" unit. The Division was the supported unit, entitled to specify the rules and outline the support requirements. It was expected that the supporting unit would comply without setting preconditions.

5-7.0 Final Medical Planning

As the final tactical offensive plan was refined, the battalion made coordination with every supported and supporting unit to ensure all facets of medical support were understood.

5-7.1 Civil Affairs Planning

We coordinated with the 450th Civil Affairs Detachment for the treatment and evacuation of displaced civilians and noncombatants in the objective area. They also assisted us in

locating potable water and ice sources in the town of Rafha. After the ground war had ended, the 450th CA detachment assisted Delta company in conducting humanitarian assistance missions in Al Nasiriyah.

5-7.2 Final Corps Planning Meeting

The XVIII Airborne Corps surgeon sponsored the final medical planning conference on 5 February 1991 at the airfield in Rafha. Each major player had the opportunity to brief their tactical and medical support plan, answer questions and make final coordination. It was a necessary meeting because time and distance factors made face to face coordination with adjacent, forward and rear units difficult to impossible. I would have liked the Corps surgeon to have scheduled another 1-2 worker level meetings prior to the final briefing on 5 February 1991, because there were still a number of issues unanswered.

A major last minute support issue, overlooked by the Corps staff, revolved around medical support for five Corps Field Artillery battalions and two Engineer brigades supporting the border breach on G-Day. The senior MO for this Corps package, given no guidance and clueless as to his support requirements, quite accidentally approached me for assistance. We developed a support plan for him and directed him to the Corps surgeon's office and 44th Medical Brigade for resourcing. I invited him to attend all our meetings just to keep abreast of the medical situation, because no one else was feeding him information. By the time his requirements were identified, all the 44th Medical

Brigade assets were committed and he was having a hard time pinning down the support he should have received. When he continued to flounder and no one was helping him, I gave him a Corps ambulance platoon (12 CUCV ambulances) in DS support of the Division, after calling the 1st Medical Group to coordinate. I gave him support because I knew if I didn't, his battlefield patients would end up being my problem. It was hard to understand how medical support for such a large force was ignored with potentially significant consequences.

5-7.3 1st Brigade Interference

Although most maneuver elements in the Division trusted the medical battalion and their FSMC to plan for supporting division level medical support, the 1st Brigade had some vision or misguided perception that they could plan it better themselves. After all the detailed medical planning that had taken place and been put into a written plan, I was informed on 15 February 1991, by the Bravo company senior MO, MAJ Bolan, that CPT Chapa, the company commander, had agreed to a brigade plan which completely diluted our capabilities and was directly contrary to our established plan.

On 16 February 1991, LTC Jaques and I traveled to the 1st Brigade location to meet with the brigade XO, LTC Woody Collins, to demonstrate and discuss our concern for their plan and salvage as much of the battalion plan as we could. Essentially, the brigade decided to scatter our division level assets throughout their convoy and establish mini-casualty collection/treatment

points along the way. Although it sounded reasonable, their plan made it impossible for us to focus our assets at the objective.

Putting our physicians in an ambulance, interspersed along a 200 Km long convoy route, made them feel secure, but completely eliminated our ability to perform our division level mission. Considering that the 6th French Division and 2d Brigade of the 82d Airborne Division planned to pass ahead of 1st Brigade, it was ludicrous to establish casualty collection and treatment points along the route, further hampering our ability to focus on the objective. What was more amazing was listening to the logic presented, devoid of any successful medical support concepts I had ever been associated with.

I should have made an issue of this matter with the Brigade commander, COL Nix, but didn't. It was too close to G-Day and frankly, the medical company commander was largely responsible for agreeing to the plan without consulting the senior MO or myself. I later attempted to relieve CPT Chapa over this incident and others, involving his failure to consult MAJ Bolan and myself in medical matters. He felt pressured to do whatever the brigade wanted, with no logical thought of the consequences or impact on the overall medical plan.

5-7.4 Final Division Planning Meeting

After final coordination with the 6th French Division and Corps supported and supporting units, MAJ Weightman, the Division Surgeon, agreed the medical battalion should sponsor one last meeting for all principal Division medical players. On 18

February 1991, we assembled three brigade surgeons, every maneuver battalion surgeon, PA and medical platoon leader, the four senior Mos and company commanders and the DS evacuation unit commanders in a GP large tent at the HQ&A company location.

CPT McVeigh provided a final tactical review of the plan, which for many of the medical officers, was the first time they had seen the overall plan briefed. The Division Surgeon added his emphasis and I gave mine. We completed the meeting confident that the medical players were read on, that all major issues had been resolved and that medical command and control, unity of effort, treatment, evacuation and supply were coordinated and synchronized.

5-8.0 Final Positioning of Medical Units

On 22 February 1991, HQ&A company (minus one mobile treatment squad) moved north across Tapline road and established a clearing station at the Charlie company location. They provided medical support to the 2d Brigade which allowed Charlie company to pack up and prepare to cross the Line of Departure (LD) with their supported brigade. The HQ&A company mobile treatment squad stayed south of Tapline road to provide sick call support to the Division Support Area (DSA) until DISCOM moved north across Tapline into it's final convoy staging areas on 24 February 1991.

We left our only female physician (by her request) and a medic treatment and evacuation team in the Division Rear to provide medical support. They ended up seeing 504 patients from

24 February 1991 through 24 March 1991 when we returned from Iraq.

We had a treatment team positioned at Champion Main, a medic attached to the 313th MI battalion, 3/4 ADA battalion, Division Signal battalion, 1/17 Cavalry and medical LNOs at Corps hospitals in King Khalid Military City.

Charlie company packed up it's clearing station on 23 February 1991 and moved at 1230 hours to the convoy staging area south of the escarpment forming the Iraqi border. Earlier in the morning, they had treated the first wounded enemy prisoners of war captured during cross border operations. Later in the evening, at 1930 hours, I delivered COL Porr, the Special Operations and Operational Medicine Consultant to the Surgeon General, to the Charlie company staging area for employment.

Bravo company was in direct support of 1st Brigade and Delta company was in support of 3d Brigade from their TAA convoy marshalling areas.

CHAPTER 6

BATTLEFIELD EMPLOYMENT

6-1.0 Introduction

The medical battalion spent six months buiding up and preparing for the ground offensive on G-Day, 24 February 1991. Within 100 short hours, almost half of it spent travelling to the objective area, the war was over, an incredibly anti-climactic finale. Three of the battalion's companies spent nearly 30 days in Iraq in defensive positions awaiting redeployment. Although the battalion treated over 1200 patients, mostly seriously injured civilian casualties from the post war rebellion in Al Nasiriyah, the battlefield employment phase posed little challenge.

6-2.0 Crossing the Line of Departure

On 23 February 1991, (G-1), Charlie company was packed up, in convoy order, behind the lead maneuver battlion, just south of the Iraqi border. They were technically attached to the 2d Brigade, which was attached to the 6th French Light Armor Division which was supposed to provide them all their division level support. I saw no reason to withhold the necessary medical treatment and evacuation assets at our dipsosal, although Division issued guidance to minimize support to the 2d Brigade because of their attachment status. I heavily augmented Charlie company for their road march to the main objective (OBJ WHITE) (see Figure 21) at As Salman, along the two lane asphalt road named MSR Texas. Charlie company was specially task organized

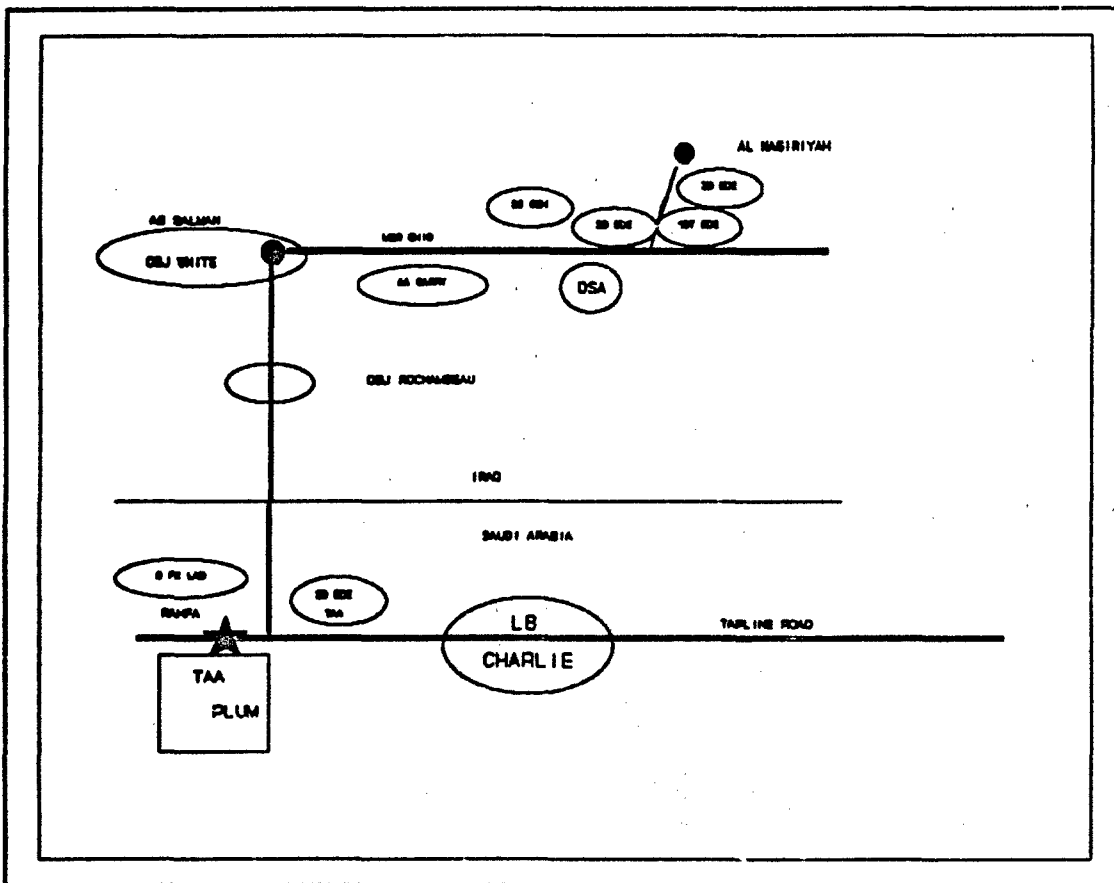


Figure 21 Unit Routes and Objectives

with two surgical squads and six additional ground ambulances. All Corps air ambulances were committed to supporting the 2d Brigade movement.

At 0530 hours on 24 February 1991, Charlie company moved with elements of the 2d Brigade across the geographical escarpments into Iraq, behind the 6th French Division. At 1615 hours, I dispatched all 11 functioning Corps aircraft to the French G-4 cell location, dubbed "MEDEVAC Primary", where they could be in position to hear and assist calls for MEDEVAC.

From 0530 to 1439 hours on 25 February 1991, I sat perpendicular to MSR TEXAS, watching hundreds of Division and Corps vehicles road marching into Iraq. We watched Bravo company pass by behind the 2d Brigade and listened to the first air evacuation call of the ground war from Charlie company at 0635 hours. At 1439 hours, HQ&A company started their convoy, moving at a snails pace behind hundreds of other vehicles moving north into the battle. We halted at 1547 hours just south of the Iraq border because the French were still clearing MSR TEXAS. At 1640 hours I made a radio call to CPT Chapa in Bravo company to confirm he had lost a CEOI. At 1735 hours I was called by Delta company to request disposition for a patient they were evacuating with pneumonia (he was dropped off at a Corps aid station south of the border). And from that point on, the convoy periodically stopped and moved, bumper to bumper, in blackout drive, all through the night in cold, overcast and rainy weather. The drivers were dead tired and fell asleep almost every time we stopped, creating gaps and accordion effects in the convoy.

We crossed into Iraq at 0230 hours on 26 February 1991 and could see periodic light flashes from the artillery and rocket barrages to the north. The landscape on either side of the MSR was scattered with expended aerial bomblet casings and burned out Iraqi tanks behind sand berm barriers. By this time, the weather had turned into the worst sandstorm we had experienced, blowing directly west, across and thru the passenger compartments of the vehicles. It was miserable and visibility

was no more than 75-100 meters until early evening, when the storm finally subsided. Several bottlenecks occurred during the convoy when Corps logistics units, out of convoy sequence and using white drive headlights, attempted to weave in and out of Division units. At 2240 hours, we linked up with the surgical squads, detached them from Charlie company and continued north. Delta company followed behind HQ&A company with elements of the 3d Brigade.

6-3.0 Establishing Clearing Stations in Iraq

The morning of 27 February 1991 was the first clear, sunny and unlimited visibility day of the war. Charlie company had arrived at it's objective area and was waiting for follow-on missions. They never established a full clearing station during their brief time in Iraq.

6-3.1 Assembly Area (AA) CARRY

HQ&A company arrived in AA CARRY at 0530 hours, anticipating a stay of 6-8 hours. By 1000 hours, Division indicated we'd spend 24-48 hours at the location, pending receipt of a new mission statement. CPT Strawder, CPT McVeigh and I conducted a site reconnaissance and at 1230 hours, moved HQ&A company into their location and established the Triage, ATLS and one Ward tent, which was the minimum standard clearing station set up I had specified for the companies. No one liked putting up this much tertage without being convinced they were going to be in one location for very long. However, I was insistant that the clearing stations not become lazy and deceive themselves into

thinking that the tailgate of an ambulance and a couple of medics with aidbags constituted division level medical support. The best companies had practiced enough to fully establish the ATLS within 60 minutes, so I didn't consider establishing the clearing station a waste of time.

By 1710 hours, we received and bedded 10 of the 11 aircraft previously stationed with the French G-4 cell. The 11th aircraft broke enroute to AA CARRY and was recovered on 2 March 1991 by Corps aviation maintenance.

On 28 February 1991 we broke camp and prepared to move at 1330 hours further east along MSR OHIO towards a new DSA. At 0930 hours, LTC Jaques informed me that MAJ Goforth, the HQ&A company senior MO had to be evacuated because of worsening sensory loss below the waist. He was air evacuated at 1030 hours and underwent major surgery at the Corps hospital within hours of arrival barely escaping permanent paralysis. MAJ Goforth was a competent, hardworking MO whose departure created a serious void in HQ&A company.

6-3.2 Division Support Area (DSA) in Iraq

HQ&A company arrived in the new DSA on 28 February 1991 at 1435 hours. Told to expect a four day stay, we remained in the DSA for 24 days.

HQ&A company established the full clearing station to include surgery. After two days of high winds and blowing rain on 5 March 1991, parts of the clearing station blew down and had to be re-established. The entire clearing station became

submerged under 1-4 inches of water, despite sandbagging and trenching. Everywhere I looked, around the 1.5 Kilometer circumference clearing station, I could see dry land. Although our plot of ground wasn't any different from the rest that surrounded us, it just seemed to collect all the water. I made a decision to move the clearing station one kilometer east, as soon as the ground dried out, which didn't occur until 17 March 1991.

The new clearing station was painstakingly surveyed by CPT Strawder, who succeeded in establishing the most superb and best organized facility of the campaign. While everyone else in DISCOM and Division was laying back waiting to go home, CPT Strawder acquired some engineer bulldozers who weren't being employed as a result of the "going home mentality." They built a 360 degree, 12 foot bermed perimeter that encompassed the supporting aircraft helipads. HQ&A company continued to improve their bivouac until the day they redeployed.

6-3.3 FSMC Clearing Stations in Iraq

I visited all the FSMC by helicopter on 1 March 1991. The pilot couldn't find Charlie company (we later discovered the coordinates they passed were incorrect). I never got another opportunity to visit their field location before they started redeploying to Saudi Arabia beginning 2 March 1991.

Bravo company was required to split their resources to support the brigade field trains and the forward based maneuver battalions. In another example of 1st Brigade logic, they left their field trains and FAST elements, less the clearing station,

approximately 40 kilometers to the rear of their maneuver units. The clearing station, minus a treatment squad which provided daily sick call support for the field trains, moved north to establish in close vicinity of the brigade headquarters and the three maneuver battalions. When I arrived on site, their clearing station consisted of a GP small tent, in other words, the same capability as a BAS. I instructed CPT Chapa to establish the full Triage, ATLS, Patient Ward and sleep areas.

Delta company, which was located within 10 kilometers outside the town of Al Nasiriyah, had established the clearing station in a GP medium tent, an economy version of our battalion standard. CPT Horne, our best FSMC commander, agreed he should put up the full clearing station in accordance with battalion SOP, not knowing how long he would be in the area. He was glad he did, because on 2 March 1991, D company received their first of several mass casualty events.

6-4.0 Division Focus in Iraq

For all practical purposes, the Division's mission was over after arriving in Iraq. They set about destroying hordes of Iraqi equipment and tons of munitions. They evacuated Iraqi prisoners of war and sorted through captured documents. The Division monitored what other divisions were doing, kept their subordinate units informed and began in earnest to plan for the redeployment.

The redeployment, in fact, appeared to be the real focus. Most DISCOM daily staff briefings involved the latest rumors or

plans of who was leaving first and last, where troops would redeploy from, how vehicles would be cleaned, what the awards policy would be and advanced guidance about the Division's traditional "All American" activities in May. Discussions included concern for Division getting stuck guarding the theater's western flank or becoming involved in support of the Iraqi insurgency.

While the Division worried about getting us home, I focused the battalion on exploiting any available treatment opportunities.

6-5.0 Professional Officer Filler Redeployment

The biggest mistake I made during the deployment was redeploying the professional fillers prematurely 4-6 March 1991. With early suggestions by Division that redeployment would occur within a matter of days, many of the professional fillers became more and more anxious to redeploy. With no overwhelming patient workloads, it was difficult to present convincing arguments why they needed to stay. I rationalized that they needed to get back to Fort Bragg and take their leave before the hospital backfill reserve staff was released; that there was no reason to keep them around unemployed. The fact of the matter was, I was just plain weary of squabbling. We were under 1-4 inches of rain water, mud was everywhere and I could read misery and impending trouble in their eyes. One of the orthopedic surgeons talked with the Division Surgeon and got him to endorse redeploying the fillers. Not wanting to make my life miserable, in the way only arguing

with fillers can cause, I elected to redeploy them, against my better instincts. I would not, however, allow our assigned PAs to redeploy early, because they were permanent members of the battalion. My decision came back to haunt me.

Professional fillers in the forward committed FSMCs were upset. LTC Jaques had earlier briefed a strawman redeployment roster based on time spent in country. It assumed all fillers would be available for redeployed at the same time, which they weren't. It seemed unfair to Bravo and Delta company fillers that Charlie company (who had already redeployed to Saudi Arabia) and HQ&A company fillers (who were still in Iraq) were let off the hook early. After all the efforts to integrate them, make them part of the team, I wish they would have fought to stay till the bitter end.

I also regretted having to pass off patients to the 28 CSH, especially during the MASCAL events, when there would have been plenty of surgical and resuscitation work for everyone.

6-6.0 Mass Casualty (MASCAL) Events

Glad we didn't have to demonstrate our treatment capabilities on Division or friendly casualties, there was no mistaking that the medics felt disappointed they didn't get a chance to practice some battlefield medicine. Over the course of 22 days, as rebel Iraqi factions attempted to overthrow Saddam Hussein's military and political apparatus, three of the battalion companies had the opportunity to routinely employ the full clearing station and treat large numbers of severely injured

casualties.

6-6.1 Delta Company MASCALS

Our treatment of Iraqi and other civilian nationality casualties occurred by complete chance. Once we offered the first treatment though, word spread like wildfire through Iraqi communities and the flow of civilian casualties never stopped.

I paid a return visit to Bravo and Delta company on 2 March 1991, to ensure they had properly established their clearing stations as I had instructed. By coincidence, LTC Jaques and COL Porr accompanied me. Near the end of my visit with CPT Horne, as I was reinforcing my rationale for establishing the full clearing station whenever the opportunity afforded itself, he received a radio call from BG Timmons' aircraft requesting disposition of three Bedouin casualties onboard.

We instructed the aircraft to land and off-loaded three patients onto litters. They were taken immediately into the ATLS tent. Soon after, another four Bedouin casualties arrived by ground vehicles, part of the same injury event. All four of the ATLS resuscitation points were occupied, the less injured kept outside. Each station was beautifully operated by the teams. LTC Jaques, a residency program chief at Walter Reed and COL Porr, a former residency director, took the opportunity to coach two of the Family Practice physicians and supporting medics, letting them do the treatment, but guiding them through the clinical protocols. The most severely injured patient, a 14 year

old boy, had stepped on a land mine and had bled profusely. The team talked through the protocol with the medics for removing MAST trousers, then slowly proceeded to uncover the wound and complete the primary patient survey. I looked at LTC Jaques, hoping he would opt to perform the required surgery at HQ&A company rather than evacuate the patient to the 28th CSH. He agreed and we evacuated three of the most seriously injured patients to HQ&A company. The orthopedic surgeons amputated the boy's foot, performing their first and last general anesthesia surgical case of the war.

Everyday thereafter, Delta company continued to receive more and more civilian casualties who showed up at the 3d Brigade perimeter and were escorted into the clearing station for treatment. I could always find a dozen or more patients receiving care in the clearing station at any time of day. By 10 March 1991, they were receiving heavy loads of seriously ill patients and needed a fulltime Bedouin interpreter and pediatric medical supplies. We sent them the HQ&A company civilian treatment chests, built as a result of Operation Just Cause, which contained many of the required pediatric medications and catheters. The supplies didn't last long, so we started requesting additional pediatric supplies from the 32d MEDSOM. CSM Gibson procured many of the infant sundry items, such as diapers, bottles and nipples, in the town of Rafha.

We recorded several recurrent problems with the supporting Corps hospitals and their reluctance to accept

civilian casualties. Pilots were jerked around and delayed attempting to offload civilian patients, then told not to bring anymore back. It seemed no one wanted to get stuck handling displaced civilians, everyone had redeployment on their mind. The problems were worked out over time, but it was a disappointing experience having US medical treatment facilities resist taking patients.

6-6.2 Bravo Company MASCAL

When 3d Brigade redeployed from Al Nasiriyah with Delta company, Bravo company, already split in two locations, moved forward on 20 March 1991 to take their place. At 1st Brigade's insistence, they were forced to further dilute their treatment capability. They left a treatment squad in the rear, to support trail elements of the brigade and moved the clearing station (-) forward, to occupy positions vacated by the redeploying 3d Brigade.

On 21 March 1991, their first full day of operation, Bravo company treated 22 patients (including 12 gunshot wounds requiring resuscitation and evacuation to Corps hospitals). Their supported battalion aid stations were seeing over 50 patients a day.

Over the next two days, 22-23 March 1991, almost everything that could go wrong, went wrong. Every minute failure to follow our clearing station standards played heavily against us. Weather, aircraft maintenance, brigade interference, premature hospital closure, failed communication links and

redeployment focus all converged at a critical time. The following chronology outlines some of the major events which took place during the ensuing 22 March 1991 Al Nasiriyah MASCAL (see Figure 22):

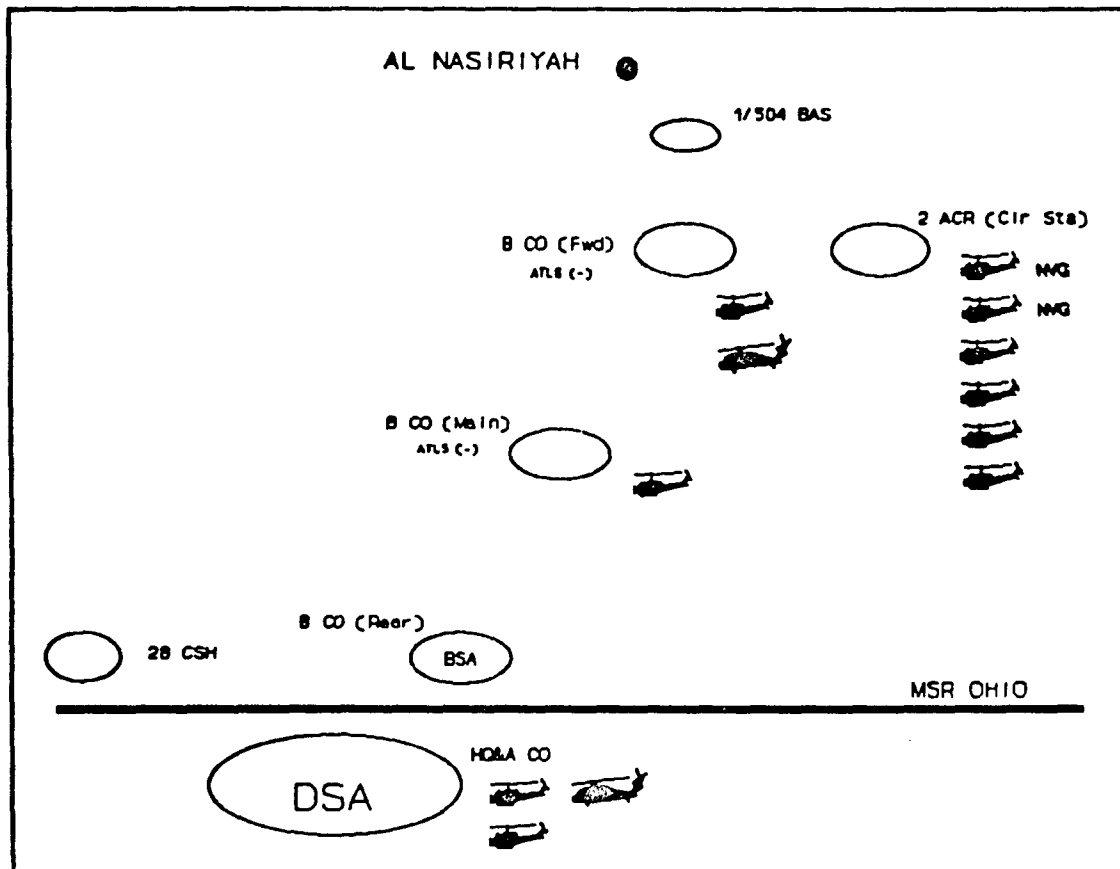


Figure 22 22 March 1991 Disposition of Units and Assets

• 0800 hours I discovered in the early morning of 22 March 1991, the surgical element of the 28th CSH had redeployed, leaving only two physicians and an ATLS behind. It was a typical uncoordinated action. The 44th Medical Brigade had exerted

tremendous effort to deploy their hospitals "far forward" into battle, ahead of Division treatment elements. Somehow, they forgot the principle of health care "continuity" and "synchronization" when they redeployed the 28th CSH surgical capability off the battlefield.

- 0900 hours The aviation brigade FARP closed, leaving us with only a 5,000 gallon reserve tanker at our HQ&A company location.

- 1200 hours MAJ Bolan in Bravo company provided a routine patient update. He had one UH-1 at the Bravo (Main) location and two aircraft (UH-1/UH-60), at the Bravo forward location (vicinity of Al Nasiriyah). HQ&A company had three aircraft operating (one UH-60; two UH-1). The weather was warm, partially overcast, with winds at 2-5 knots.

- 1500 hours I flew to the Division TAC CP to attend the CGs daily update (COL Bryant had redeployed to Saudi Arabia).

- 1630 hours

- Three of six supporting aircraft go down for maintenance (one UH-60; two UH-1 all at HQ&A location).

- Two aircraft stationed at B Co (Fwd) are airborne with patients and refueling, before the MASCAL begins; one aircraft at B Co (Main) remains on standby.

- 1630-1700 hours

- 1/504 BAS informed E Co (Fwd) clearing station of approximately 30 incoming patients.

- 1/504 BAS triage arriving patients and evacuate IMMEDIATE patients by B Co ambulances to clearing station.

- B Co (Fwd) UH-60 returning from patient evacuation returns and goes down for maintenance.

- 1700-1730 hours

- B Co XO alerts Med Bn and requests additional air evacuation. I instructed them to assess patients first, then call for B Co (Rear) aircraft if required (all of HQ&A aircraft grounded).

- B Co CDR receives additional litter bearers and combat lifesavers from 1/504 Bn.

- 1745-1800 hours

- B Co XO calls 1st Bde S-3 to get B Co (Rear) UH-1 released to support B Co (Fwd). Bde initially reluctant to leave Bde HQ uncovered, finally relent and release aircraft.

- B Co (Fwd) UH-1 returning from earlier patient evacuation returns, begins evacuating patients. Pilot indicates 28 CSH is waiving them off from delivering any more patients.

- 1800-1930 hours

- B Co CDR drives to 2 ACR location, requests assistance. Only 2 of 6 UH-1 crews are NVG certified. 2 ACR launches two aircraft and dispatches M113 ambulances to help evacuate patients.

- 1830-2000 hours

- Grounded UH-60 at HQ&A Co returned to flight

status and launched to B Co (Fwd) location.

- B Co (Main) UH-1 arrives B Co (Fwd) and evacuates patients. Provides HQ&A with SITREP on return route.

- Called 44th Med Bde using land line and AM communications. Two aircraft launched, but turned back enroute due to sandstorm. Aviation brigade declines to provide MEDEVAC assistance.

- MEDEVAC aircraft fly multiple evacuations.

- 2000-2250 hours

- B Co (Fwd) 20 bed ward filled up. Additional ward assets remained at B Co (Rear) because 1st Brigade wouldn't allow them to move. 2 ACR evacuates 15 patients off ward to clear space for more casualties.

- B Co (Fwd) starts running low on supplies. Multiple locations caused them to split up ATLS and resupply modules. 1st Bde wouldn't allow them to move forward.

- 2250 hours

- Weather grounds all aircraft north of HQ&A Co.
- Two aircraft deliver seven IMMEDIATE litter patients to HQ&A Co.

- 2330 hours

- All HQ&A Co patients cleared from ATLS into patient ward.

- 0020 hours, 23 March 1991

- UH-1 evacuates four URGENT patients south to 15th EVAC hospital.

- 0030 hours

- Bn CDR conducts after action review with HQ&A Co players. Prepares to receive additional casualties.

- 0500 hours

- Rain showers, strong winds blow down Triage/ATLS other sections.

- 0730 hours

- Weather prevents flying into B Co (Fwd).

- 1350 hours

- UH-1 arrives from 15 th EVAC to evacuate remaining patients. Formally ends the 22-23 March 1991 MASCAL.

During the 21 hours of the formal MASCAL event, 493 casualties presented themselves within the 1st Brigade area of operation. Bravo company treated 74 IMMEDIATE and DELAYED category patients during an intensive six hour period. One patient died and 29 patients were air evacuated in seven sorties of UH-1 and UH-60 aircraft. All other patients were ground evacuated.

The 22-23 March 1991 MASCAL event was stimulating for everyone. It activated every capability of the clearing station and fully demonstrated it's strength for supporting the battlefield.

6-7.0 Humanitarian Assistance Missions

The war over and no challenging tactical mission to perform, the Division focused on redeployment. Delta company had been treating large numbers of wounded civilians since 2 March

1991, with no end in sight. When it became obvious we were going to need additional pediatric, obstetric and other types of civilian related medical supplies, we began to requisition them from the 32d MEDSOM located at Logbase CHARLIE along Tapline road. In addition to several bulk items, the DMSO requisitioned four humanitarian aid packages. Stored on 4 x 4 foot pallets, we needed a CH-47 to transport them to our location. Division G-3 was advertising their mission availability, so we requested a CH-47 mission to deliver the medical supplies.

I ended up in a heated discussion with COL McNeil, the Division G-3 who refused to authorize the mission. He explained that the Division didn't want us involved in any humanitarian associated missions. I informed him that the supply packages just happened to be called "humanitarian". They were intended to be used to treat the civilian casualties delivered to us through the 3d Brigade perimeter. COL McNeil commented that we shouldn't be treating any civilians. I indicated we couldn't turn patients away. In the saddest response of the war, COL McNeil said "yes you can, just give them a bandage and turn them away." I told COL McNeil he didn't understand what was happening and that I'd take care of the problem myself.

The next day, a CH-47 helicopter was forced to land at the HQ&A company location because of a sandstorm. We fed the pilots a hot meal and gave them a warm tent to sleep in. The next morning at breakfast, CPT McVeigh and I told the pilot our problem. He shook his head in disbelief and said he'd schedule a

mission for us. He told us they were flying up empty to pick up prisoners of war, so it was no problem putting on the cargo and dropping it off enroute. That's how we beat the G-3 refusal to help civilians in desperate need of assistance.

On 14 and 16 March 1991, Delta company worked with the 450th Civil Affairs Detachment and went into the town of Al Nasiriyah to provide assistance to a compound full of refugees. It was rewarding to see the Delta company medics, augmented with a female PA and medic from HQ&A company, move so professionally and confidently into the compound, organize the throngs of people needing medical support, triage and then provide compassionate support. I was never as proud of these medics, of Americans, as I was during the civilian assistance visits.

CHAPTER 7

REDEPLOYMENT AND RECOVERY

7-1.0 Introduction

After spending nearly 30 days in Iraq, the Division finally redeployed out of Iraq, transferring its mission to the 2d ACR from VII Corps. I was the last battalion commander in the Division to redeploy out of both Iraq and Saudi Arabia. The theater level race to redeploy back to CONUS was in full swing. The air and sea ports in Dhahran were jammed with unit equipment being prepared for shipment home. Military exchange systems expanded into parking lots, crammed full of vendors selling souvenirs of Desert Storm. Division began issuing detailed guidance about the long range training schedule, priorities upon redeployment to home station, airborne operations, all things we were going to have to get familiar with again. After action reports, awards writing, efficiency reports, permanent change of stations, separations from service and changes of command all loomed before us.

7-2.0 Redeployment to Saudi Arabia

HQ&A company was the last company in the DISCOM and the Division to redeploy out of Iraq and back into Saudi Arabia on 24 March 1991. Bravo company was originally scheduled to redeploy on 25 March 1991, but without notice, ended up redeploying almost simultaneously with HQ&A company, which represented the trail element of the DISCOM remaining in Iraq. The detailed medical planning and coordination conducted by the battalion to support

all Division elements, was drastically altered by 1st Brigade's unilateral decision to execute their own uncoordinated medical support plan. Aircraft refueling, scheduled recovery of a grounded aircraft and coordinated commitment of Corps air and ground support teams along the redeployment routes were all adversely affected by 1st Brigade's action. Although I give appropriate blame to a medical company commander who failed his mission, all of 1st Brigade's interference during the deployment serve to illustrate the ineptness of nonmedical planners and the consequences of their actions.

The entire Division redeployed into the old TAA (re-named TAA RODES), but within 1-2 miles of Tapline road. From this location, units turned in Class I, II (Kevlar vests and userviceable TA-50 items), III, V and VIII (PB tablets, CANA injectors, Ciprofloxacin and all controlled narcotics) to the DISCOM supply points established in TAA RODES.

The DMSO had redeployed into TAA RODES several days ahead of the HQ&A company main body. They prepared to accept the receipt of Division Class VIII items and wisely used the time to containerize the bulk of our Division Class VIII supplies for shipment to CONUS. DMSO personnel demonstrated great initiative in locating SEALAND vans, inspectors and shippers amidst the chaotic activity occurring within the Corps logistics bases and hundreds of units trying to get ahead of the redeployment game.

Personnel who were not required to drive a vehicle or help clean and pack up equipment redeploying from Champion Main

were flown out of Rahfa airfield to Dhahran, where they were manifested and redeployed to CONUS.

Units spent 1-2 days in TAA RODES before convoying east to their cleanup sites.

7-3.0 Champion Main Redeployment Activities

The Division synchronized a complex schedule for units to move their equipment from TAA RODES back to Champion Main or Abqaiq for cleaning, packing and customs inspection. We used the same convoy routes moving back, our last battalion element returning to Champion Main on 28 March 1991.

7-3.1 Cleaning Equipment

Over a course of 10 days, medical companies layed out and cleaned every single item of equipment they owned to comply with strict customs regulations. Tents were beaten and brushed. Every SKO was emptied, cleaned and re-stocked. Vehicles moved through a scheduled series of wash and inspection lines until they met customs standards. Personnel cleaned all their personal equipment. It was remarkable to see the process at work. At the end of the process, our equipment and vehicles never looked better.

After cleaning and passing Division customs inspections, vehicles were convoyed to the port of Ad Dammam, where they were inspected again by a theater customs inspector and marshalled into a holding yard for loading aboard ships. It was a matter of Division honor not to fail a port customs inspection, so daily highlights of units and vehicles that had failed provided

stimulus for extra compulsive cleaning. Cleaned equipment was inventoried and packed into SEALAND van containers, banded and shipped home.

7-3.2 Leased Vehicles

A significant activity at Champion Main involved turning in all the contract vehicles. The S-4, CPT Clark, maintained 100% accountability for all contracting equipment and facilitated an easy turn in for the battalion. Although Bravo company had failed to recover a broken tractor/flatbed (later stolen) along Tapline road, we conducted a report of survey finding the company commander liable. Other Division units did not take their leased equipment contracts seriously.

Within Division, stories emerged of units who had abandoned vehicles in Iraq and along the road back to Champion Main. Seven commercial buses were missing; no one could account for their proper receipt, disposition or whereabouts. Some 66 broken down vehicles were improperly abandoned by units when they redeployed, with no release of liability. Six inoperable buses were left by a brigade somewhere in the desert, with only a grid coordinate for reference. When these revelations came to light, the ADC-S, BG Kerr, forced responsible units to recover the equipment and get their commercial contracts properly cleared. There were even plans to call personnel back to Saudi Arabia from CONUS to clear contracts.

7-4.0 Personnel Staging in Al Khobar

As soon as all the unit equipment was cleaned and cleared

customs, personnel were manifested for redeployment. Buses transported soldiers to Al Khobar Towers, a highrise apartment complex in the town of Al Khobar, where they were staged for their scheduled flight home.

Huge telephone centers, ice cream, pizza and fast food stands were set up to occupy the troops waiting, in some cases, for several days, for their scheduled aircraft. When I arrived at Al Khobar Towers, I was made the mayor for the Division's sector of the complex. With nothing really to do at the Towers except clean weapons and write letters, I coordinated with the theater Morale, Welfare and Recreation office in Dhahran to open up the palatial King Abdul Aziz Air Force Base gymnasium for our use. Perfectly timed, Division soldiers were the first to use a newly rennovated outdoor recreation center called the "Oasis Club." We established a bus shuttle service for Division troops, which provide them access to all these locations, including shopping in downtown Al Khobar.

7-5.0 Return to CONUS

Pan American 747 Flight #18015, 12 April 1991, with 400 DISCOM soldiers, was the last flight redeploying medical battalion personnel to CONUS. Everyone was happy to get out of Al Khobar and be on their way home. It was hard to believe we were going home. The flight crew was exceptionally friendly and interested in making us feel special. During a stopover at JFK international airport, we were allowed to deplane and make phone calls from the lobby. There were crowds of public well wishers

inside the terminal, throwing kisses, holding signs, waving. The soldiers felt good.

We landed at Pope Air Force Base, debarked and formed up the soldiers. The Division band was playing, families were in bleachers, waving banners and calling to loved ones from the flightline. After a short welcome home ceremony, soldiers and families converged to embrace each other. After about 30 minutes of reacquaintance, soldiers were loaded on buses and driven to unit areas to turn in weapons, protective masks and sensitive items. The battalion wives had decorated the battalion area and offered refreshments to everyone while they waited. When that was completed, soldiers were released.

7-6.0 Recovery Operations

Soldiers returned to the battalion area over the next three days or until their weapon and masks were properly cleaned and stored. I gave them essentially a 3-5 day pass before I required them to either sign out on leave or go back to work. By agreement with the WACH commander, we kept the professional fillers assigned to the battalion until their leave was up to prevent anyone from denying or shortening their leave. Most soldiers took two weeks of leave before coming back to work.

With virtually no battalion equipment to train with or maintain, it was like having an extended vacation. We coordinated with Fayetteville Technical Community College to restart EMT courses in May. The battalion opened up a new dining facility, which was being prepared for us during our deployment.

The TMCs and the Division Drug Laboratory were reopened and staffed. Personnel who had been affected by the Army's Stop Loss program were sent to schools, reenlisted, PCSd, ETSd. We used the time to clean out the company warehouses and get rid of everything we hadn't deployed to Saudi Arabia. Our only battalion taskings were for required training, airborne operations and staff duty. The battalion achieved the highest DISCOM percentages in the Division's AER, Savings Bond, 82d Airborne Division Association and AUSA campaign drives. The DISCOM commander changed command and the battalion began the process of adapting to a totally different styled commander. All American week, the Division review and the 2d Annual 307th Medical Battalion reunion was conducted as planned. MG Johnson changed his command. We conducted a Prop Blast for those uninitiated, scheduled hails and farewells and otherwise got back to our normal schedule.

The SEALAND vans began arriving sporadically in June. Arriving around the clock with little or no notice, units had only a few hours to unload them and secure the equipment. The battalion was still in the process of receiving equipment back from Saudi Arabia and conducting 100% property inventories when I changed command in July 1991.

7-7.0 Awards and Efficiency Reports

Upon our return to CONUS, the battalion leadership was completely absorbed with processing awards for both Desert Shield and Desert Storm and completing officer and enlisted efficiency

reports.

7-7.1 Battalion Awards

The Division issued clear policy guidance for awards. The Division goal was to recognize 15% of soldiers with the MSM, ARCOM or AAM for achievement or service during Operation Desert Shield for the period 7 August 1990 through 16 January 1991. Awards which were processed by units prior to receipt of the guidance were counted against the 15% goal. Another 15% of soldiers could be recognized with the BSM or ARCOM for Operation Desert Storm for the period 17 January 1991 through redeployment to CONUS. Rear detachment personnel could be recognized with the MSM, ARCOM or AAM.

The National Defense Service Medal, Southwest Asia Service Medal and 82d Airborne Division combat patch were awarded to all participants.

An uncoordinated and unfair aspect about the awards policy, was that awards issued prior to receipt of the guidance counted against the 15% total. Division and DISCOM encouraged awards and ceremonies during Operation Desert Shield and we had already issued a significant number of AAMs. I later elected not to count these awards as part of the quota.

Although I would have liked to have awarded everyone, we were strictly monitored on the ARCOM, MSM and BSM award recommendations which had to be processed through DISCOM. I tasked each company to give me their first draft award recommendations while we were still in Iraq and refined the lists

during redeployment and marshalling at Khobar Towers. I personally discussed each recommendation with the company commander and the CSM. In some cases, I consulted with the 1SG and company MO and I reviewed all professional filler award recommendations with LTC Jaques.

To maximize the number of awards we could issue in the battalion, I used my highest unit strength figure as the basis for establishing the 15% limit. Using the figure of 392, I was allowed to recommend 59 personnel for each operation.

Once the award lists were set, the companies prepared DA Form 638-1 (written in many cases) for MSM, ARCOM and AAM. The BSM required a typed DA Form 638 with a one page narrative. The administration for this task was not easy. Doing it right took two solid weeks of typing and retyping until the awards were acceptably prepared. Once prepared, we had to wrangle for another three weeks with DISCOM over their indecision on percentages and types of medals recommended.

Initially told to restrict the number of Bronze Stars awarded, the battalion submitted 28 (47% of total Desert Storm awards) recommendations for the BSM, the highest within DISCOM and was initially disapproved 10 (36%). Then the Division said they were encouraging more liberal numbers of BSMs, so DISCOM made us resubmit BSM awards. Figure 23 depicts the total awards approved from 7 August 1990 through 12 April 1991.

Given a target of 118 awards (15% assigned strength) for both ODS/S, we awarded 189 total awards, 71 (60%) more than

	STR	TOT/PCT	BN PCT
Officers (-PROFIS)	36	18/55%	9%
PROFIS	30	20/66%	11%
EM	326	151/46%	80%
TOTAL	392	189/48%	

Figure 23 Total ODS/S Awards Approved (BSM, MSM, ARCOM, AAM)

targeted. The battalion received 32 (44%) of DISCOMs total MSMs and 30 (32%) of DISCOMs total BSMs. The awards figures reflect an aggressive attempt to reward as many soldiers as possible. They also demonstrate that the professional fillers were appropriately represented.

In spite of all the additional awards we were able to push through, not everyone was happy. Some officers particularly, were upset that they didn't receive an award. Those were the breaks.

7-7.2 Battalion Certificate

Realizing that we couldn't give everyone an award, the CSM and I designed a battalion certificate, Appendix P, and got them printed in Dhahran. We were the only battalion in the Division to take this initiative.

7-7.3 Efficiency Reports

In addition to awards, preparing officer and enlisted efficiency reports occupied the significant portion of time

before I departed command. Since I was changing command in July 1991, I had to prepare change of rater and complete the record OERs for officers that I rated or senior rated. Additionally, the 30 professional fillers, who were reassigned to their parent units, required OERs. The filler OERs were a difficult task because we had to coordinate the administration of the OER Form with two parent unit hospitals. Then, we had to track down the multiple fillers, at multiple locations, who had requirements for verifying individual OERs, or completing rater, intermediate rater or senior rater portions. It was a nightmare, but we completed everything in time. In the two months after my return from Saudi Arabia, we completed 61 OERs and 31 NCOERs, which was no easy task.

7-8.0 Change of Command

I gave up command on 9 July 1991, to LTC Doyle Randol, MSC, and was reassigned as a student to the US Army War College, Carlisle Barracks, PA.

APPENDIX A

RED-X-RAY MESSAGE

1. INDIVIDUAL TAKING MESSAGE: _____
(name rank duty position)
2. DATE TIME GROUP: 062245 R AUG- 3. CALLER'S NAME SSG FERGUSON
4. THIS IS AN: ☒ A. ALERT
B. EDRE
C. CHANGE OF RECALL
5. ASSEMBLE THE FOLLOWING:

<input checked="" type="radio"/> A. DRF #1 <input type="radio"/> B. DRF #9 at 90X <input type="radio"/> C. DRF #2 <input type="radio"/> D. DRB #1 HQ <input type="radio"/> E. DRF #3 <input type="radio"/> F. DRB #1 <input type="radio"/> G. DIVISION ORDERS GROUP	<input checked="" type="radio"/> H. DIVISION ASSAULT CP <input type="radio"/> I. DRB #2 <input type="radio"/> J. DRB #3 <input type="radio"/> K. DISCOM OUTLOAD SUPPORT ELEMENTS <input type="radio"/> L. AVIATION BDE <input type="radio"/> M. OTHER
---	--
6. N-HOUR IS 062210 R AUG. (DTG)
7. N+2 BRIEFING WILL BE CONDUCTED AT 070010 R AUG. (DTG)
8. SPECIAL INSTRUCTIONS:
 - a. DRB 1 will execute the mission.
 - b. Do ~~not~~ alert personnel on SD, TDY, leave or school.
 - c. PHA will ~~not~~ be used.
 - d. MMEE will be identified and designated. Items will ~~not~~ be issued.
 - e. POV storage area will ~~not~~ be used.
 - f. The decision to activate the Family Assistance Center will be made at the N + 2 Briefing.
 - g. The decision to close off the Division area will be made at the N + 2 Briefing.
 - h. Green Ramp Closure Plan will ~~not~~ be executed.
 - i. DRF 1, 2, & 3 Bulk, Ballast and IIA will ~~not~~ be moved.
 - j. Stinger missiles will ~~not~~ be moved.
 - k. N + 2 seating arrangement ~~not~~ follows.

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APPENDIX B



DEPARTMENT OF THE ARMY
HEADQUARTERS FORCES COMMA 1C
FORT MCPHERSON, GEORGIA 30330-6000



REPLY TO
ATTENTION OF

FCJ3-FDS (310-31a)

28 MAR 1990

MEMORANDUM FOR Commander, XVIII Airborne Corps and Fort Bragg,
ATTN: AFZA-RM-D, Fort Bragg, NC 28307-5000

SUBJECT: Updated Authorization Document - MTOE 08065LFC82
FC 0191

1. Enclosed is updated authorization document for unit(s) listed in paragraph 2, Section 1.
2. Authority is granted to continue personnel and logistical actions to implement the document. This updated document applies MOS and/or equipment changes.

FOR THE COMMANDER:

Encl

TRACY B. SHEER
Colonel, USA
Chief, Documents Division, J3

CONTROL #3-61

VTAADS DISTRIBUTION LIST:

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FCAG-APP (1)

SJA-R (1)

Commander, XVIII Airborne Corps and Fort Bragg, ATTN: AFZA-RM-D,
Fort Bragg, NC 28307-5000 (10)

PREPARED ON DATE 900315 2314 HRS. MODIFICATION TABLE OF ORGANIZATION AND EQUIPMENT (MTOE) MTOE 08065LFC82
 PCN NO ANV-901 CCNMJN FCO191
 PAGE 1

HEADQUARTERS
 U. S. ARMY FORCES COMMAND
 MEDICAL BATTALION AIRBORNE 08065LFC82

SECTION 1: ORGANIZATION

1. UNIT IS ORGANIZED AT ALO-1. QUESTIONS CONCERNING THIS MTOE SHOULD BE DIRECTED TO THE LOCAL FORCE DEVELOPMENT OFFICE. ALL REMARKS IN THE BASE TOE APPLY. MEDO LETTER APPLIED. THIS MTOE REFLECTS OFF/NO REDUCTIONS IAW MDA DIRECTIVES. CTU 8610 APPLIED.
 ICPS B01P 730076 770119 800228 800244 800246 800251 810081
 ICPS B01P 820149 820485 830427 830428 830491 830492 830512
 ICPS B01P 830565 840103 840105 840366 840397 850380 850381
 ICPS B01P 850382 850511
 20261100000

2. PARENT UNITS ORGANIZED UNDER THIS MTOE:

UIC	UNIT IDENTIFICATION	MOEP	SUPERSESSION	EFFECTIVE DATE	ASGMT	CMD OF	ITAADS
							CODE
WABHAA	307TH MEDICAL BN	W582	08065LFC82 1089	901014	FCDD		FA

SUPERSESSIONS: NONE

LAST PAGE OF SECTION 1

SUB-UNIT MULTI- PARA PLIER		UNIT TITLE		SRC		SUB-UNIT DESIGNATOR				
		MEDICAL BATTALION AIPBORNE		08065L00000100 AA						
100	1	HQS & CO A. MED BN (ABN)	S08066H300							
200	1	FWD SPT MEDICAL CO (ABN)	S08067H300							
300	1	FWD SPT MEDICAL CO (ABN)	S08067H300							
400	1	FWD SPT MEDICAL CO (ABN)	S08067H300							
				08067L00000100 BO						
				08067L00000100 CO						
MULTI- PARA LINE PLIER		DESCRIPTION		GR MOS ASI/LIC BR ID		SUB-UNIT PARENT-UNIT LINE TOTAL REQ AUTH		PARENT-UNIT NET CHANGE REQ AUTH		RWKS
100	1	HQS & CO A. MED BN (ABN)	S08066H300							
101	00	BATTALION HQ		05	60A00 SP	MC K	1	0	1	0
101	01	BATTALION COMMANDER		05	67B00 SP	MS K	0	1	0	1
101	01A	BATTALION CC/MANDER		04	67B00 SP	MS K	1	1	1	1
101	02	EXECUTIVE OFFICER		04	67H00 SP	MS K	1	1	1	1
101	03	S2/S3		03	67F00 SP	MS K	1	1	1	1
101	04	S1		03	67F00 SP	MS K	1	1	1	1
101	05	S4		03	67K00 SP	MS K	1	1	1	1
101	06	COMMAND SERGEANT MAJ		E9	00Z5P	NC I	1	1	1	1
101	07	AMB AIDE/DRIVER		E3	91A1P	NC I	1	1	1	1
				PARAGRAPH TOTAL			7	7	7	7
102	00	S1 SECTION								
102	01	PAC SUPERVISOR		E7	7524P	NC I	1	1	1	1
102	02	PERSONNEL STAFF NCO		E6	7583P	NC I	1	1	1	1
102	03	PERSONNEL ADMIN SP		E5	7582P	NC I	1	1	1	1
102	04	CLERK TYPIST		E4	71L1P	I	1	1	1	1
102	05	LEGAL SPECIALIST		E4	71D1P	I	1	1	1	1
102	06	PERSONNEL ADMIN SP		E4	7581P	I	1	1	1	1
102	07	PERSONNEL ADMIN SP		E3	7581P	I	1	1	1	1
				PARAGRAPH TOTAL			7	7	7	7
103	00	S2/S3 SECTION								
103	01	MEDICAL OPS OFFICER		03	67H00 SP	MS K	1	0	1	0
103	02	CHIEF MEDICAL NCO		E8	91B5P	NC I	1	1	1	1
103	03	OPERATIONS SERGEANT		E8	91B5P	NC I	1	1	1	1

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PREPARED ON DATE 900315 2314 HRS.

SECTION 11 PERSONNEL ALLOWANCE

08065LFC82

FC0191

PARA LINE	MULTI-PLIER	DESCRIPTION	GR	MOS	ASI/LIC BR ID	SUB-UNIT			PARENT-UNIT			PARENT-UNIT NET CHANGE		RMKS
						LINE	TOTAL	REQ	LINE	TOTAL	REQ	AUTH	REQ	
103	04	INTELLIGENCE NCO	E7	9184P	NC 1	1	1	1	1	1	1			
103	05	NBC NCO	E7	5484P	NC 1	1	1	1	1	1	1			
103	06	BN COMM CH	E7	31G4P	NC 1	1	1	1	1	1	1			
103	08	COMBAT SIGNALER	E4	31K1P	1	1	1	1	1	1	1			
103	09	PATIENT ADMIN SP	E4	71G1P	1	1	1	1	1	1	1			
103	10	SR RADIO OPERATOR	E5	31C2P	NC 1	1	1	1	1	1	1			
103	11	UL COMM MAINT	E4	31V1P	1	1	1	1	1	1	1			
103	12	PATIENT ADMIN SP	E3	71G1P	1	1	1	1	1	1	1			
103	13	SNGL CHAN RDO OP	E3	31C1R	1	1	1	1	1	1	1			
PARAGRAPH TOTAL						12	11	12	11	12	11			
104	00	S4/DMSO SECTION												
104	01	HLTH SVC MAT OFF	D2	67K00 SP	MS K	1	1	1	1	1	1			
104	02	MEDICAL SUPPLY SUPV	E7	76J4P	NC 1	1	1	1	1	1	1			
104	03	SUPPLY SERGEANT	E6	35U3P	NC 1	1	1	1	1	1	1			
104	04	BIOMED EQUIP SP, ADV	E6	9103P	NC 1	1	1	1	1	1	1			
104	05	PHARMACY NCO	E5	35U2P	NC 1	1	1	1	1	1	1			
104	06	BIOMED EQUIP SP, ADV	E4	76J1P	1	1	1	1	1	1	1			
104	07	MEDICAL SUPPLY SP	E4	76Y1P	1	1	1	1	1	1	1			
104	08	SUPPLY SPECIALIST	E3	76J1P	1	1	1	1	1	1	1			
104	09	MEDICAL SUPPLY SP	E3	76Y1P	1	1	1	1	1	1	1			
104	10	SUPPLY SPECIALIST	E3	76Y1P	1	1	1	1	1	1	1			
PARAGRAPH TOTAL						10	10	10	10	10	10			
105	00	BN MAINT SECTION												
105	01	WVEH MAINT TECH	W2	915A7	WD P	1	1	1	1	1	1			TS
105	01A	WVEH MECH	E6	63B3P	NC 1	1	1	1	1	1	1			TS
105	02	MOTOR SERGEANT	E7	63B4P	NC 1	1	1	1	1	1	1			
105	03	SR WVEH MECH	E6	63B1P	NC 1	1	1	1	1	1	1			
105	04	LT WVEH MECH	E5	63B2P	NC 1	4	4	4	4	4	4			
105	05	PWR GEN EQUIP REP	E5	52D2P	NC 1	0	0	0	0	0	0			
105	06	EQ REC & PTS SP	E4	76C1P	1	1	1	1	1	1	1			
105	07	LT WVEH MECH	E4	63B1P	1	4	4	4	4	4	4			
105	08	PWR GEN EQUIP REP	E4	52D1P	1	1	1	1	1	1	1			
105	09	LT WVEH MECH	E3	63B1P	1	4	4	4	4	4	4			
105	10	PLL CLERK	E3	76C1P	1	1	1	1	1	1	1			

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SECTION II PERSONNEL ALLOWANCE 08065LFC82 FCO191

PARA LINE	MULTI-PLIER	DESCRIPTION	GR	MOS	ASI/LIC BR ID	SUB-UNIT				PARENT-UNIT				NET CHANGE		RMKS
						LINE	TOTAL	REQ	AUTH	LINE	TOTAL	REQ	AUTH	REQ	AUTH	
105	11	PWR GEN EQUIP REP	E3	5201P	I	1	1	1	1	1	1	1	1			
		PARAGRAPH TOTAL				19	19	19	19	19	19	19	19			
106	00	PREVENTIVE MED SECT														
106	01	PREVENTIVE MED OFF														
106	02	ENVIR/AL SCIENCE OFF														
106	03	PVNT MEDICINE NCO														
106	04	PREVENTIVE MED SGT														
106	05	PREVENTIVE MEDICINE														
106	06	PREVENTIVE MEDICINE														
		PARAGRAPH TOTAL				9	8	9	8							
107	00	OPTOMETRY SECTION														
107	01	OPTOMETRY OFFICER														
107	02	OPTICAL LAB SPECIALI														
107	03	EYE SPECIALIST														
		PARAGRAPH TOTAL				3	3	3	3	3	3	3	3			
108	00	MENTAL HLTH SECTION														
108	01	PSYCHIATRIST														
108	02	PSYCHOLOGIST														
108	03	SOCIAL WORK OFFICER														
108	04	BEHAVIORAL SCIENCE S														
108	05	REHABILITATION SCNC NCO														
108	06	BEHAVIORAL SCIENCE S														
		PARAGRAPH TOTAL				9	9	9	9	9	9	9	9			
109	00	COMPANY HEADQUARTERS														
109	01	COMPANY COMMANDER														
109	01A	COMPANY COMMANDER														
109	02	FIELD MEDICAL ASST														
109	03	FIRST SERGEANT														
109	04	FOOD SERVICE SERGEAN														
109	05	FIRST COOK														

MULTI- PARA LINE PLIER	DESCRIPTION	GR	MOS	AS1/LIC BR ID	SUB-UNIT LINE TOTAL			PARENT-UNIT LINE TOTAL			PARENT-UNIT NET CHANGE	
					REQ	25	25	REQ	25	25	REQ	AUTH
109 06	SUPPLY SERGEANT	E0	76V3P	NC I	1	1	1	1	1	1		
109 07	COOK	E5	94B2P	NC I	3	3	3	3	3	3		
109 08	SR RDO OP	E5	31C2P	NC I	1	1	1	1	1	1		
109 09	ARMORER	E4	76V1P	I	1	1	1	1	1	1		
109 10	COOK	E4	94B1P	I	6	6	6	6	6	6		
109 11	SNGL CHAN RDO OP	E4	31C1P	I	1	1	1	1	1	1		
109 12	COOK	E3	94B1P	I	6	6	6	6	6	6		
109 13	SNGL CHAN RDO OP	E3	31C1P	I	1	1	1	1	1	1		
	PARAGRAPH TOTAL				25	25	25	25	25	25		
110 00	TREATMENT PLT HQ			MS K	1	1	1	1	1	1		
110 02	FIELD MEDICAL ASST	E7	91B4P	NC I	1	1	1	1	1	1		
110 03	PLATOON SERGEANT	E4	71C1P	I	1	1	1	1	1	1		
110 04	PATIENT ADMIN SP											
	PARAGRAPH TOTAL				3	3	3	3	3	3		
111 00	SURG SQUAD (2)			MC K	2	2	2	2	2	2		
111 01	GENERAL SURGEON			MC K	2	2	2	2	2	2		
111 02	ORTHOPEDIC SURGEON			MC K	2	2	2	2	2	2		
111 03	MED-SURG NURSE SUP			AN K	4	4	4	4	4	4		
111 04	NURSE ANESTHETIST			NC I	2	2	2	2	2	2		
111 05	PRACTICAL NURSE			NC I	2	2	2	2	2	2		
111 06	OPERATING ROOM SP			NC I	2	2	2	2	2	2		
111 07	OPERATING ROOM SP			NC I	2	2	2	2	2	2		
111 08	PRACTICAL NURSE			NC I	2	2	2	2	2	2		
	PARAGRAPH TOTAL				18	18	18	18	18	18		
112 00	TREATMENT SQUAD (2)			MC K	2	2	2	2	2	2		
112 01	MEDICAL OFFICER			WD P	2	2	2	2	2	2		
112 02	PHYSICIAN ASSISTANT			NC I	2	2	2	2	2	2		
112 03	EMER TRMT NCO			NC I	2	2	2	2	2	2		
112 04	EMER TRMT NCO			NC I	2	2	2	2	2	2		
112 05	MEDICAL SPECIALIST			NC I	2	2	2	2	2	2		
112 06	MEDICAL SPECIALIST			NC I	4	4	4	4	4	4		
112 07	MEDICAL SPECIALIST			I	2	2	2	2	2	2		

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PARA LINE	MULTI-PLIER	DESCRIPTION	GR	MOS	ASI/LIC	BR	ID	SUB-UNIT LINE TOTAL			PARENT-UNIT LINE TOTAL			PARENT-UNIT NET CHANGE			RMKS
								REQ	AUTH	REQ	REQ	AUTH	REQ	REQ	AUTH	REQ	
		PARAGRAPH TOTAL						16	13	16	13						
113	00	AREA SUPPORT SQUAD															
113	01	DENTAL OFFICER	04	63800	SP	DE	K	1	1	1	1	1	1				
113	02	DENTAL SPECIALIST	E4	91E1P				1	1	1	1	1	1				
113	03	MEDICAL LABORATORY S	E4	9281P				1	1	1	1	1	1				
113	04	X-RAY SPECIALIST	E4	91P1P				1	1	1	1	1	1				
		PARAGRAPH TOTAL						4	4	4	4	4	4				
114	00	TREATMENT SQUAD															
114	01	OPERATIONAL MED OFF	04	60A00	SP	MC	K	1	0	1	1	0	1				
114	02	PHYSICIAN ASSISTANT	W4	600A7		SW	P	1	1	1	1	1	1				
114	03	EMER TRMT NCO	E6	9183P		NC	I	1	1	1	1	1	1				
114	04	EMER TRMT NCO	E5	9182P	Y1	NC	I	1	1	1	1	1	1				
114	05	MEDICAL SPECIALIST	E5	91A2P		NC	I	1	1	1	1	1	1				
114	06	MEDICAL SPECIALIST	E4	91A1P				2	2	2	2	2	2				
114	07	MEDICAL SPECIALIST	E3	91A1P				1	1	1	1	1	1				
		PARAGRAPH TOTAL						8	7	8	8	7	8				
115	00	PATIENT HOLDING SOD															
115	01	WARDMASTER															
115	02	PRACTICAL NURSE	E6	91C3P		NC	I	1	1	1	1	1	1				
115	03	MEDICAL SPECIALIST	E5	91C3P		NC	I	1	1	1	1	1	1				
115	04	MEDICAL SPECIALIST	E4	91A1P				1	1	1	1	1	1				
		PARAGRAPH TOTAL						4	4	4	4	4	4				
116	00	AMBULANCE PLT HQ															
116	01	PLATOON LEADER	02	67800	SP	MS	K	1	1	1	1	1	1				
116	02	PLATOON SERGEANT	E7	9184P		NC	I	1	1	1	1	1	1				
		PARAGRAPH TOTAL						2	2	2	2	2	2				
117	00	AMBULANCE SQUADS (4)															
117	01	AIDE/EVAC/NCO	E5	9182P		NC	I	2	2	2	2	2	2				
117	02	AMBULANCE/AIDE/DRIVE	E4	91A1P				6	6	6	6	6	6				

SECTION II PERSONNEL ALLOWANCE

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MULTI- PARA LINE PLIER	DESCRIPTION	GR	MOS	ASI/LIC OR ID	SUB-UNIT			PARENT-UNIT			PARENT-UNIT NET CHANGE	RMKS
					LINE	TOTAL	REQ	LINE	TOTAL	REQ		
117	Q3 AMBULANCE/AIDE/DRIVE	E3	91A1P	1	8	8	8	8	8	8		
	PARAGRAPH TOTAL				16	16	16	16	16	16		
	SUB-UNIT TOTAL				172	158	172	158	158			
200	1 FWD SPT MEDICAL CO (ABN) S08067H300											
201	00 COMPANY HEADQUARTERS	04	60A00 SP	MC O	1	0	1	0	1	0		
201	01 COMPANY COMMANDER	04	67B00 SP	MS O	1	1	1	1	1	1		
201	01A COMMANDER	03	67B00 SP	MS O	1	1	1	1	1	1		
201	02 FIELD MEDICAL ASST	03	67B00 SP	MS O	1	1	1	1	1	1		
201	03 FIRST SERGEANT	E8	91B5P	NC E	1	1	1	1	1	1		
201	04 MEDICAL SUPPLY SGT	E6	76J3P	NC E	1	1	1	1	1	1		
201	05 SUPPLY SERGEANT	E6	76J3P	NC E	1	1	1	1	1	1		
201	06 NBC NCO	E5	5432P	NC E	1	1	1	1	1	1		
201	08 ARMORER	E4	76Y1P	E	1	1	1	1	1	1		
201	09 SINGL CHAN RDO OP	E4	31C1P	E	1	1	1	1	1	1		
201	11 SINGL CHAN RDO OP	E4	31V1P	E	1	1	1	1	1	1		
201	12 SINGL CHAN RDO OP	E4	31C1P	E	1	1	1	1	1	1		
201	14 SINGL CHAN RDO OP	E3	31C1P	E	1	1	1	1	1	1		
	PARAGRAPH TOTAL				10	10	10	10	10	10		
202	00 TREATMENT PLT HQ	04	60A00 SP	MC O	1	1	1	1	1	1		
202	01 PLATOON LEADER	02	67B00 SP	MS O	1	1	1	1	1	1		
202	02 FIELD MEDICAL ASST	E7	91B4P	NC E	1	1	1	1	1	1		
202	03 PLATOON SERGEANT	E4	71G1P	E	1	1	1	1	1	1		
202	04 PATIENT ADMIN SP											
	PARAGRAPH TOTAL				4	4	4	4	4	4		
203	00 TREATMENT SQUAD (2)	03	60A00 SP	MC O	2	2	2	2	2	2		
203	01 OPERATIONAL MED OFF	W2	60A07	WD W	2	2	2	2	2	2		
203	02 PHYSICIAN ASSISTANT	E6	91B3P	NC E	2	2	2	2	2	2		
203	03 EMER TRMT NCO	E5	91B2P	NC E	2	2	2	2	2	2		
203	04 EMER TRMT NCO	E5	91A2P	NC E	2	2	2	2	2	2		
203	05 MEDICAL SPECIALIST	E4	91A1P	E	4	4	4	4	4	4		
203	06 MEDICAL SPECIALIST											

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SECTION II PERSONNEL ALLOWANCE

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PARA LINE	MULTI-PLIER	DESCRIPTION	GR	MOS	ASI/LIC BR ID	SUB-UNIT			PARENT-UNIT			PARENT-UNIT		
						REQ	TOTAL	LINE	REQ	TOTAL	LINE	REQ	NET CHANGE	RMKS
203	07	MEDICAL SPECIALIST	E3	91A1P	E	2	2	2	2	2				
		PARAGRAPH TOTAL				16	13	16	13					
204	00	AREA SUPPORT SQUAD												
204	01	DENTAL OFFICER		63A00	SP DE O	1	1	1	1	1				
204	02	DENTAL SPECIALIST	E4	91E1P	E	1	1	1	1	1				
204	03	MEDICAL LABORATORY S	E4	92B1P	E	1	1	1	1	1				
204	04	X-RAY SPECIALIST	E4	51P1P	E	1	1	1	1	1				
		PARAGRAPH TOTAL				4	4	4	4	4				
205	00	TREATMENT SQUAD												
205	01	OPERATIONAL MED OFF		60A00	SP MC O	1	1	1	1	1				
205	02	PHYSICIAN ASSISTANT	W2	600A7	WO W	1	0	1	1	0				TS
205	03	EMER TRMT NCO	E6	91B3P	NC E	1	1	1	1	1				
205	04	EMER TRMT NCO	E5	91B2P	NC E	1	1	1	1	1				
205	05	MEDICAL SPECIALIST	E5	91A2P	NC E	1	1	1	1	1				
205	06	MEDICAL SPECIALIST	E4	91A1P	E	2	2	2	2	2				
205	07	MEDICAL SPECIALIST	E3	91A1P	E	1	1	1	1	1				
		PARAGRAPH TOTAL				8	7	8	7	8				
206	00	PATIENT HOLDING SQUA												
206	01	WARDMASTER		91C3P	NC E	1	1	1	1	1				
206	02	PRACTICAL NURSE	E5	91C2P	NC E	1	1	1	1	1				
206	03	MEDICAL SPECIALIST	E4	91A1P	E	1	1	1	1	1				
206	04	MEDICAL SPECIALIST	E3	91A1P	E	1	1	1	1	1				
		PARAGRAPH TOTAL				4	4	4	4	4				
207	00	AMBULANCE PLT HQ												
207	01	PLATOON LEADER		67B00	SP MS O	1	1	1	1	1				
207	02	PLATOON SERGEANT	E7	91B4P	NC E	1	1	1	1	1				
		PARAGRAPH TOTAL				2	2	2	2	2				

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SECTION II PERSONNEL ALLOWANCE

08065LFC82 FCO191

PARA LINE	MULTI-PLIER	DESCRIPTION	GR	MOS	ASI/LIC BR ID	SUB-UNIT				PARENT-UNIT				PARENT-UNIT NET CHANGE		RMKS
						LINE	TOTAL	REQ	AUTH	LINE	TOTAL	REQ	AUTH	REQ	AUTH	
208 00		AMBULANCE SQUADS (4)														
208 01		ATIDE/EVAC/NCO	E5	9182P	NC E	2	2	2	2	2	2	2	2			
208 02		AMBULANCE/AIDE/DRIVE	E4	91A1P	E	6	6	6	6	6	6	6	6			
208 03		AMBULANCE/AIDE/DRIVE	E3	91A1P	E	8	8	8	8	8	8	8	8			
		PARAGRAPH TOTAL				16	16	16	16	16	16	16	16			
		SUB-UNIT TOTAL				64	60	64	60	64	60	64	60			
300	1	FWD SPT MEDICAL CO (ABN) SO6087H300														
301 00		COMPANY HEADQUARTERS														
301 01		COMMANDER	D4	60A00 SP	MC O	1	0	1	0	1	0	1	0			94
301 01A		COMPANY COMMANDER	D4	67800 SP	MS O	0	1	1	1	1	1	1	1			C
301 02		FIELD MEDICAL ASST	D3	67800 SP	MS O	1	1	1	1	1	1	1	1			
301 03		FIRST SERGEANT	E8	9185P	NC E	1	1	1	1	1	1	1	1			
301 05		MEDICAL SUPPLY SGT	E6	76J3P	NC E	1	1	1	1	1	1	1	1			
301 06		SUPPLY SERGEANT	E6	76Y3P	NC E	1	1	1	1	1	1	1	1			
301 08		MBC NCO	E5	54B2P	NC E	1	1	1	1	1	1	1	1			
301 09		ARMORER	E4	76Y1P	E	1	1	1	1	1	1	1	1			
301 11		SNGL CHAN RDO OP	E4	31C1P	E	1	1	1	1	1	1	1	1			
301 12		UL COMM MAINT	E4	31V1P	E	1	1	1	1	1	1	1	1			
301 14		SNGL CHAN RDO OP	E3	31C1P	E	1	1	1	1	1	1	1	1			
		PARAGRAPH TOTAL				10	10	10	10	10	10	10	10			
302 00		TREATMENT PLT HQ														
302 01		PLATOON LEADER	D4	60A00 SP	MC O	1	1	1	1	1	1	1	1			
302 02		FIELD MEDICAL ASST	O2	67800 SP	MS O	1	1	1	1	1	1	1	1			
302 03		PLATOON SERGEANT	E7	9184P	NC E	1	1	1	1	1	1	1	1			
302 04		PATIENT ADMIN SP	E4	71G1P	E	1	1	1	1	1	1	1	1			
		PARAGRAPH TOTAL				4	4	4	4	4	4	4	4			
303 00		TREATMENT SQUAD (2)														
303 01		MEDICAL OFFICER	O3	60A00 SP	MC O	2	0	2	0	2	0	2	0			94
303 02		PHYSICIAN ASSISTANT	W2	600A7	WD W	2	1	2	1	2	1	2	1			TS
303 03		EMER TRMT NCO	E6	9183P	NC E	2	2	2	2	2	2	2	2			

PARA	LINE	MULTI-PLIER	DESCRIPTION	GR	MOS	ASI/LIC	BR	ID	SUB-UNIT			PARENT-UNIT			PARENT-UNIT NET CHANGE			RMKS
									LINE	TOTAL	REQ	LINE	TOTAL	REQ	AUTH	REQ	AUTH	
303	04		EMER TRMT NCO	E5	91B2P	Y1	NC	E	2	2	2	2	2					
303	05		MEDICAL SPECIALIST	E5	91A2P		NC	E	2	2	2	2	2					
303	06		MEDICAL SPECIALIST	E4	91A1P			E	4	4	4	4	4					
303	07		MEDICAL SPECIALIST	E3	91A1P			E	2	2	2	2	2					
			PARAGRAPH TOTAL						16	13	16	13	13					
304	00		AREA SUPPORT SQUAD															
304	01		DENTAL OFFICER	O3	63A00	SP	DE	O	1	1	1	1	1					
304	02		DENTAL SPECIALIST	E4	91E1P			E	1	1	1	1	1					
304	03		MEDICAL LABORATORY S	E4	92B1P			E	1	1	1	1	1					
304	04		X-RAY SPECIALIST	E4	91P1P			E	1	1	1	1	1					
			PARAGRAPH TOTAL						4	4	4	4	4					
305	00		TREATMENT SQUAD															
305	01		OPERATIONAL MEC OFF	O4	60A00	SP	MC	O	1	1	1	1	1				TS	
305	02		PHYSICIAN ASSISTANT	W2	600A7		WO	W	1	0	1	1	0					
305	03		EMER TRMT NCO	E6	91B3P		NC	E	1	1	1	1	1					
305	04		EMER TRMT NCO	E5	91B2P	Y1	NC	E	1	1	1	1	1					
305	05		MEDICAL SPECIALIST	E5	91A2P		NC	E	1	1	1	1	1					
305	06		MEDICAL SPECIALIST	E4	91A1P			E	2	2	2	2	2					
305	07		MEDICAL SPECIALIST	E3	91A1P			E	1	1	1	1	1					
			PARAGRAPH TOTAL						8	7	8	7	7					
306	00		PATIENT HOLDING SQUA															
306	01		WARDMASTER	E6	91C3P		NC	E	1	1	1	1	1					
306	02		PRACTICAL NURSE	E5	91C2P		NC	E	1	1	1	1	1					
306	03		MEDICAL SPECIALIST	E4	91A1P			E	1	1	1	1	1					
306	04		MEDICAL SPECIALIST	E3	91A1P			E	1	1	1	1	1					
			PARAGRAPH TOTAL						4	4	4	4	4					
307	00		AMBULANCE PLT HQ															
307	01		PLATOON LEADER	O2	67B00	SP	MS	O	1	1	1	1	1					
307	02		PLATOON SERGEANT	E7	91B4P		NC	E	1	1	1	1	1					
			PARAGRAPH TOTAL						2	2	2	2	2					

SECTION II PERSONNEL ALLOWANCE

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PARA LINE	MULTI-PLIER	DESCRIPTION	GR	MOS	ASI/LIC BR ID	SUB-UNIT LINE TOTAL			PARENT-UNIT LINE TOTAL			PARENT-UNIT NET CHANGE			RMKS
						REQ	AUTH		REQ	AUTH		REQ	AUTH		
308	00	AMBULANCE SQUADS (4)													
308	01	AIDE/EVAC/NCO	E5	91B2P	NC E	2	2		2	2					
308	02	AMBULANCE/AIDE/DRIVE	E4	91A1P	E	6	6		6	6					
308	03	AMBULANCE/AIDE/DRIVE	E3	91A1P	E	8	8		8	8					
		PARAGRAPH TOTAL				16	16		16	16					
		SUB-UNIT TOTAL				64	60		64	60					
400	1	FWD SPT MEDICAL CO (ABN) S08067H300													
401	00	COMPANY HEADQUARTERS													
401	01	COMMANDER	D4	60A00 SP	MC D	1	0		1	0					94
401	01A	COMPANY COMMANDER	D4	67B00 SP	MS D	0	1		0	1					C
401	02	FIELD MEDICAL ASST	D3	67B00 SP	MS D	1	1		1	1					
401	03	FIRST SERGEANT	E8	91B5P	NC E	1	1		1	1					
401	05	MEDICAL SUPPLY SGT	E6	76J3P	NC E	1	1		1	1					
401	06	SUPPLY SERGEANT	E6	76Y3P	NC E	1	1		1	1					
401	08	NBC NCO	E5	54B2P	NC E	1	1		1	1					
401	09	ARMORER	E4	76Y1P	E	1	1		1	1					
401	11	SNGL CHAN RDO OP	E4	31C1P	E	1	1		1	1					
401	12	UL COMM MAINT	E4	31V1P	E	1	1		1	1					
401	14	SNGL CHAN RDO OP	E3	31C1P	E	1	1		1	1					
		PARAGRAPH TOTAL				10	10		10	10					
402	00	TREATMENT PLT HQ													
402	01	PLATOON LEADER	D4	60A00 SP	MC D	1	1		1	1					
402	02	FIELD MEDICAL ASST	D2	67B00 SP	MS D	1	1		1	1					
402	03	PLATOON SERGEANT	E7	91R4P	NC E	1	1		1	1					
402	04	PATIENT ADMIN SP	E4	71G1P	E	1	1		1	1					
		PARAGRAPH TOTAL				4	4		4	4					
403	00	TREATMENT SQUAD (2)													
403	01	MEDICAL OFFICER	D3	60A00 SP	MC D	2	0		2	0					94
403	02	PHYSICIAN ASSISTANT	W2	60A07	WO W	2	0		2	0					TS
403	03	EMER TRMT NCO	E6	F1B3P	NC E	2	2		2	2					

PARA LINE	MULTI-PLIER	DESCRIPTION	GR	MOS	ASI/LIC	BR	ID	SUB-UNIT				PARENT-UNIT				NET CHANGE		RMKS
								REQ	AUTH	LINE TOTAL	REQ	AUTH	LINE TOTAL	REQ	AUTH	REQ	AUTH	
403	04	EMER TRMT NCO	E5	91B2P	Y1	NC	E	2	2	2	2	2	2					
403	05	MEDICAL SPECIALIST	E5	91A2P		NC	E	2	2	2	2	2	2					
403	06	MEDICAL SPECIALIST	E4	91A1P			E	4	4	4	4	4	4					
403	07	MEDICAL SPECIALIST	E3	91A1P			E	2	2	2	2	2	2					
		PARAGRAPH TOTAL						16	12	16	16	12						
404	00	AREA SUPPORT SQUAD																
404	01	DENTAL OFFICER	O3	63A00	SP	OE	O	1	1	1	1	1	1					
404	02	DENTAL SPECIALIST	E4	91E1P			E	1	1	1	1	1	1					
404	03	MEDICAL LABORATORY S	E4	92B1P			E	1	1	1	1	1	1					
404	04	X-RAY SPECIALIST	E4	91P1P			E	1	1	1	1	1	1					
		PARAGRAPH TOTAL						4	4	4	4	4						
405	00	TREATMENT SQUAD																
405	01	OPERATIONAL MED OFF	O4	60A00	SP	MC	O	1	1	1	1	1	1					
405	02	PHYSICIAN ASSISTANT	W2	600A7		WO	W	1	1	1	1	1	1					
405	03	EMER TRMT NCO	E6	91B3P		NC	E	1	1	1	1	1	1					
405	04	EMER TRMT NCO	E5	91B2P	Y1	NC	E	1	1	1	1	1	1					
405	05	MEDICAL SPECIALIST	E5	91A2P		NC	E	1	1	1	1	1	1					
405	06	MEDICAL SPECIALIST	E4	91A1P			E	2	2	2	2	2	2					
405	07	MEDICAL SPECIALIST	E3	91A1P			E	1	1	1	1	1	1					
		PARAGRAPH TOTAL						9	8	8	8	8						
406	00	PATIENT HOLDING SQUA																
406	01	WARDMASTER	E6	91C3P		NC	E	1	1	1	1	1	1					
406	02	PRACTICAL NURSE	E5	91C2P		NC	E	1	1	1	1	1	1					
406	03	MEDICAL SPECIALIST	E4	91A1P			E	1	1	1	1	1	1					
406	04	MEDICAL SPECIALIST	E3	91A1P			E	1	1	1	1	1	1					
		PARAGRAPH TOTAL						4	4	4	4	4						
407	00	AMBULANCE PLT HQ																
407	01	PLATOON LEADER	O2	67B00	SP	MS	O	1	1	1	1	1	1					
407	02	PLATOON SERGEANT	E7	91B4P		NC	E	1	1	1	1	1	1					
		PARAGRAPH TOTAL						2	2	2	2	2	2					

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SECTION II PERSONNEL ALLOWANCE

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MULTI- PLIER	PARA LINE	DESCRIPTION	GR	MOS	ASI/LIC	BR	ID	SUB-UNIT			PARENT-UNIT			PARENT-UNIT NET CHANGE		
								LINE TOTAL	REQ	AUTH	LINE TOTAL	REQ	AUTH	REQ	AUTH	RMKS
	408 00	AMBULANCE SQUADS (4)														
	408 01	AIDE/EVAC/NCO					NC	E	2	2	2	2				
	408 02	AMBULANCE/AIDE/DRIVE					E	E	6	6	6	6				
	408 03	AMBULANCE/AIDE/DRIVE					E	E	8	8	8	8				
		PARAGRAPH TOTAL							16	16	16	16				
		SUB-UNIT TOTAL							64	60	64	60				
		PARENT-UNIT TOTAL							364	338	364	338				
		OTHER THAN ARMY							0	0	0	0				

REMARKS:

TS OFF/WD APPLICATION.
 94 GRADE AUTHORIZED AS AN EXCEPTION TO MILITARY GRADE STANDARDS

ASI/LIC:

Y1 TRANSITION-COMPLETED TRAINING
 5P CURRENT PARACHUTIST RATING. PHYSICALLY QUALIFIED FOR PARACHU
 T1ST DUTY
 8A QUALIFIED IN INTENSIVE PATIENT CARE

SECTION II PERSONNEL ALLOWANCE

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RECAPITULATION BY IDENTITY

	SUB-UNIT PARA 100		SUB-UNIT PARA 200		SUB-UNIT PARA 300		SUB-UNIT PARA 400		PARENT UNIT TOTAL	
	REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH
OFFICERS	31	18	9	7	9	7	9	7	58	39
WARRANT OFFICERS	3	2	3	1	3	1	3	1	12	5
ENLISTED	138	138	52	52	52	52	52	52	294	294
TOTAL	172	158	64	60	64	60	64	60	364	338

RECAPITULATION BY GRADE, MOS, ASI/LIC AND BRANCH

GR MOS	ASI/ LIC	BR	SUB-UNIT PARA 100		SUB-UNIT PARA 200		SUB-UNIT PARA 300		SUB-UNIT PARA 400		PARENT UNIT TOTAL	
			REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH

OFFICERS

05 60A00 5P	MC	1	0	0	0	0	0	0	0	0	1	0
67B00 5P	MS	0	1	0	0	0	0	0	0	0	0	1
05 TOTAL		1	1	0	0	0	0	0	0	0	1	1
04 60A00 5P	MC	2	0	3	2	3	2	3	2	11	6	0
60C00 5P	MC	1	0	0	0	0	0	0	0	0	1	0
60W00 5P	MC	1	1	0	0	0	0	0	0	1	1	0
61J00 5P	MC	2	0	0	0	0	0	0	0	2	0	0
61N00 5P	MC	2	0	0	0	0	0	0	0	0	0	0
63B00 5P	DE	1	1	0	0	0	0	0	0	1	1	1
67B00 5P	MS	1	2	0	1	0	1	0	1	1	1	5
67H00 5P	MS	1	1	0	0	0	0	0	0	1	1	1
04 TOTAL		11	5	3	3	3	3	3	3	20	14	0
03 60A00 5P	MC	2	0	2	0	2	0	2	0	8	0	0
63A00 5P	DE	0	0	1	1	1	1	1	1	3	3	0
68F00 5P	AN	4	0	0	0	0	0	0	0	4	0	0
68H00 5P	BA	2	2	0	0	0	0	0	0	2	2	0
67B00 5P	MS	1	1	1	1	1	1	1	1	4	4	1
67F00 5P	MS	1	1	0	0	0	0	0	0	1	1	0
67H00 5P	MS	1	0	0	0	0	0	0	0	1	1	0
67K00 5P	MS	1	1	0	0	0	0	0	0	1	1	0

SECTION II PERSONNEL ALLOWANCE

RECAPITULATION BY GRADE, MOS, ASI/LIC AND BRANCH

GR	MOS	ASI/ LIC	BR	SUB-UNIT PARA 100 REQ AUTH	SUB-UNIT PARA 200 REQ AUTH	SUB-UNIT PARA 300 REQ AUTH	SUB-UNIT PARA 400 REQ AUTH	PARENT UNIT TOTAL REQ AUTH
03	68K00	SP	MS	1	0	0	0	1
	68N00	SP	MS	1	0	0	0	1
	68R00	SP	MS	1	0	0	0	1
	68S00	SP	MS	1	0	0	0	1
03	TOTAL			16	4	2	4	28
02	67B00	SP	MS	2	2	2	2	8
	67K00	SP	MS	1	0	0	0	1
02	TOTAL			3	2	2	2	9
TOTAL OFFICERS				31	18	9	7	58

WARRANT OFFICERS

W4	600A7	SW	1	1	0	0	0	1
W4	TOTAL		1	1	0	0	0	1
W2	600A7	WO	2	1	3	1	3	11
	915A7	WO	0	0	0	0	0	0
W2	TOTAL		2	1	3	1	3	11
TOTAL WARRANT OFFICERS			3	2	3	1	3	12

ENLISTED

E9	00Z5P	NC	1	1	0	0	0	1
E9	TOTAL		1	1	0	0	0	1
E8	91B5P	NC	3	3	1	1	1	6
E8	TOTAL		3	3	1	1	1	6
E7	31G4P	NC	1	1	0	0	0	1
	54B4P	NC	1	1	0	0	0	1
	63B4P	NC	1	1	0	0	0	1
	75Z4P	NC	1	1	0	0	0	1
	76U4P	NC	1	1	0	0	0	1

RECAPITULATION BY GRADE, MOS, ASI/LIC AND BRANCH

GR	MOS	ASI/ LIC	BR	SUB-UNIT PARA 100 REQ AUTH	SUB-UNIT PARA 200 REQ AUTH	SUB-UNIT PARA 300 REQ AUTH	SUB-UNIT PARA 400 REQ AUTH	PARENT UNIT TOTAL REQ AUTH
E7	76Y4P	NC		1	0	0	0	1
	91B4P	NC		3	2	2	2	9
	91S4P	NC		1	0	0	0	1
	94B4P	NC		1	0	0	0	1
E7	TOTAL			11	2	2	2	17
E8	35U3P	NC		1	0	0	0	1
	63B3P	NC		2	0	0	0	2
	75B3P	NC		1	0	0	0	1
	76J3P	NC		0	1	1	1	3
	76Y3P	NC		1	1	1	1	4
	91B3P	NC		3	3	3	3	12
	91C3P	NC		3	1	1	1	6
	91G3P	NC		1	0	0	0	1
	91Q3P	NC		1	0	0	0	1
	94B3P	NC		1	0	0	0	1
E8	TOTAL			14	6	6	6	32
E5	31C2P	NC		2	0	0	0	2
	35U2P	NC		1	0	0	0	1
	42E2P	NC		1	0	0	0	1
	52D2P	NC		0	0	0	0	0
	54B2P	NC		0	0	0	0	0
	63B2P	NC		4	1	1	1	7
	75B2P	NC		1	0	0	0	1
	91A2P	NC		3	3	3	3	12
	91B2P	NC		2	2	2	2	8
	91C2P	NC		3	3	3	3	12
	91D2P	NC		3	1	1	1	6
	91G2P	NC		2	0	0	0	2
	91S2P	NC		2	0	0	0	2
	94B2P	NC		1	0	0	0	1
E5	TOTAL			28	10	10	10	58
E4	31C1P			1	1	1	1	4

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RECAPITULATION BY GRADE, MOS, ASI/LIC AND BRANCH

GR	MOS	ASI/ LIC	BR	SUB-UNIT REQ	SUB-UNIT 100 AUTH	SUB-UNIT 200 REQ	SUB-UNIT 200 AUTH	SUB-UNIT 300 REQ	SUB-UNIT 300 AUTH	SUB-UNIT 400 REQ	SUB-UNIT 400 AUTH	PARENT UNIT TOTAL REQ	PARENT UNIT TOTAL AUTH
E4	31K1P			1	1	0	0	0	0	0	0	1	1
	31V1P			1	1	1	1	1	1	1	1	4	4
	32D1P			1	1	0	0	0	0	0	0	1	1
	63B1P			4	4	0	0	0	0	0	0	4	4
	71D1P			1	1	0	0	0	0	0	0	1	1
	71G1P			2	2	1	1	1	1	1	1	5	5
	71L1P			1	1	0	0	0	0	0	0	1	1
	75B1P			1	1	0	0	0	0	0	0	1	1
	76C1P			1	1	0	0	0	0	0	0	1	1
	76J1P			1	1	0	0	0	0	0	0	1	1
	76Y1P			2	2	1	1	1	1	1	1	5	5
	91A1P			13	13	13	13	13	13	13	13	52	52
	91D1P			2	2	0	0	0	0	0	0	2	2
	91E1P			1	1	1	1	1	1	1	1	4	4
	91G1P			3	3	0	0	0	0	0	0	3	3
	91P1P			1	1	1	1	1	1	1	1	4	4
	91S1P			3	3	0	0	0	0	0	0	3	3
	91Y1P			1	1	0	0	0	0	0	0	1	1
	92B1P			1	1	1	1	1	1	1	1	4	4
	94B1P			6	6	0	0	0	0	0	0	6	6
E4 TOTAL				48	48	20	20	20	20	20	20	108	108
E3	31C1P			2	2	1	1	1	1	1	1	5	5
	52D1P			1	1	0	0	0	0	0	0	1	1
	63B1P			4	4	0	0	0	0	0	0	4	4
	71G1P			1	1	0	0	0	0	0	0	1	1
	75B1P			1	1	0	0	0	0	0	0	1	1
	76C1P			1	1	0	0	0	0	0	0	1	1
	76J1P			1	1	0	0	0	0	0	0	1	1
	76Y1P			13	13	12	12	12	12	12	12	49	49
	91A1P			2	2	0	0	0	0	0	0	2	2
	91S1P			6	6	0	0	0	0	0	0	6	6
	94B1P			33	33	13	13	13	13	13	13	72	72
E3 TOTAL				138	138	52	52	52	52	52	52	294	294
TOTAL ENLISTED				172	158	64	64	64	64	64	64	364	338
TOTAL MTOE													

LAST PAGE OF SECTION II

PAGE 18		SECTION III EQUIPMENT ALLOWANCE		08065LFC82		FCO191	
PREPARED ON DATE 900315		2314 HRS.					
PARA LIN	ERC PLIER	MULTI-	NOMENCLATURE	SUB-UNIT LINE TOTAL REQ	PARENT-UNIT LINE TOTAL REQ	PARENT-UNIT NET CHANGE REQ	RMKS
100			1 HOS & CO A. MED BN (ABN) S08066H300				
101			BATTALION HQ	1	1		
101	A79381	B	ANTENNA GROUP: OE-254(1)/GRC	2	2		
101	C62375	B	BATTERY CASE: Z-AIJ-E1	1	1		
101	C68719	B	CABLE TELEPHONE: WD-1/TT DR-6 1/2 KM	5	5		
101	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	5	5		
101	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	2	2		
101	J48062	B	INSTALLATION KIT: MK-2449/VRC F/AN/VRC-46 IN CUCV M1009	2	2		
101	J71543	B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	2	2		
101	J88275	B	INSTL KIT ELEC EQUIP: MK-2418/VRC F/AN/VRC-46/64 OR AN/GRC-160	2	2		
101	M27047	B	MULTIPLEXER: TD-128B(1)/GRC	1	1		
101	P40750	B	POWER SUPPLY: PP-6224/U	1	1		
101	O53001	B	RADIO SET: AN/VRC-46	2	2		
101	O78282	B	RADIO SET CONTROL GROUP: AN/GRA-39	1	1		
101	R59160	B	REELING MACHINE CABLE HAND: RL-39	1	1		
101	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	2	2		
101	T05028	A	TRUCK UTILITY: TACTICAL 3/4 TON W/E M1009	1	1		
101	V31211	B	TELEPHONE SET: TA-312/PT	2	2		
101	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	2	2		
101	W60351	B	WIRELINE ADAPTER: HYP-57/TSEC	2	2		
101	Z78448	A	TACTICAL ARMY CSS COMPUTER SYSTEM (TACCS):	1	1		
102			S1 SECTION				
102	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	5	5		
102	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	5	5		
102	T59482	B	TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/E M1008	1	1		
102	V31211	B	TELEPHONE SET: TA-312/PT	1	1		
102	Z78448	B	TACTICAL ARMY CSS COMPUTER SYSTEM (TACCS):	1	1		
103			S2/S3 SECTION				
103	A32355	B	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK MBA1	1	1		
103	A79381	B	ANTENNA GROUP: OE-254(1)/GRC	3	3		
103	B07126	B	AXLE CABLE REEL: RL-27	1	1		
103	B67766	B	BINOCULAR: MODULAR CONSTRUCTION MIL SCALE RETICLE 7X50MM W/E	2	2		
103	C05701	B	CHEMICAL AGENT MONITOR: (CAM)	0	0		
103	C52382	B	CRYPTOGRAPHIC SPEECH EQUIP: TSEC/KY-65	1	1		
103	C62375	B	BATTERY CASE: Z-AIJ-E1	6	6		

PAGE 19				SECTION III EQUIPMENT ALLOWANCE				08065LFC82				FC0191			
PREPARED ON DATE 900315				2314 HRS.											
PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		PARENT-UNIT		PARENT-UNIT			
				LINE TOTAL	REQ	LINE TOTAL	REQ	LINE TOTAL	REQ	LINE TOTAL	REQ	NET CHANGE	AUTH		
103 C68856	B		CABLE TELEPHONE: WD-1/TT RL-159/U 2 KM	2	2	2	2	2	2	2	2				
103 C89145	B		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	12	12	12	12	12	12	12	12				
103 C89213	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	12	12	12	12	12	12	12	12				
103 E00533	B		CHARGER RADIAC DETECTOR: PP-1578/PD	1	1	1	1	1	1	1	1				
103 E98103	B		ELEC TRANSFER KEYING DEVICE ETKD: KYX-13/TSEC	1	1	1	1	1	1	1	1				
103 J31622	B		INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	1	1	1	1	1	1	1	1				
103 J35813	B		GEN ST DSL ENG: 5KW 60HZ 1-3PH AC 120/208 120/240V TAC UTIL	3	3	3	3	3	3	3	3				
103 J48470	B		INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	1	1	1	1	1	1	1	1				
103 J48674	B		INSTALLATION KIT: MK-2509/VRC F/AN/VRC-106 OR AN/GRC-106A	3	3	3	3	3	3	3	3	+3	+3		
103 J71543	B		INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	1	1	1	1	1	1	1	1	+1	+1		
103 K87449	B		INSTALLATION KIT: MK-1810/VRC-47 F/AN/VRC-47 IN M382 OR M892	3	3	3	3	3	3	3	3				
103 K87454	B		INSTALLATION KIT: MK-1815/VRC-106 F/AN/VRC-106 IN M382 OR M892	0	0	0	0	0	0	0	0	-3	-3		
103 L67964	B		LIGHTWEIGHT DIGITAL FACSIMILE: AN/UXC-7	0	0	0	0	0	0	0	0	-1	-1		
103 M27047	B		MULTIPLIER: TD-1288()/GRC	1	1	1	1	1	1	1	1				
103 M60449	B		MULTIMETER DIGITAL: AN/PSN-45	3	3	3	3	3	3	3	3				
103 N02758	B		NET CONTROL DEVICE NCD: KYX-15/TSEC	1	1	1	1	1	1	1	1				
103 P40745	B		POWER SUPPLY: PP-4783/GRC	1	1	1	1	1	1	1	1				
103 P40750	B		POWER SUPPLY: PP-6224/U	1	1	1	1	1	1	1	1				
103 Q20935	B		RADIOMETER: IM-93/UD	3	3	3	3	3	3	3	3				
103 Q32756	B		RADIO SET: AN/GRC-106	2	2	2	2	2	2	2	2				
103 Q54174	B		RADIO SET: AN/VRC-47	1	1	1	1	1	1	1	1				
103 Q78282	B		RADIO SET CONTROL GROUP: AN/GRA-39	3	3	3	3	3	3	3	3				
103 R30662	B		RECEIVER-TRANSMITTER CONTROL GROUP: AN/GRA-6	3	3	3	3	3	3	3	3				
103 R30925	B		DELETED	1	1	1	1	1	1	1	1	-1	-1		
103 R50023	B		PEELING MACHINE CABLE HAND: RL-31	0	0	0	0	0	0	0	0				
103 R93169	B		RADIO TEST SET: AN/PRM-34()	2	2	2	2	2	2	2	2				
103 S01373	B		SPEECH SECURITY EQUIPMENT: TSEC/KY-57	1	1	1	1	1	1	1	1				
103 T25726	B		TONE-SIGNALING ADAPTER: TA-977()/PT	6	6	6	6	6	6	6	6				
103 T40405	B		T.L.E. READER GENERAL PURPOSE: KOI-18/TSEC	2	2	2	2	2	2	2	2				
103 T59346	A		TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/COMMO KIT	3	3	3	3	3	3	3	3				
103 U81707	B		SWITCHBOARD TELEPHONE MANUAL: SB-22/PT	2	2	2	2	2	2	2	2				
103 V31211	B		TELEPHONE SET: TA-312/PT	3	3	3	3	3	3	3	3				
103 V98788	B		POWER SUPPLY VEHICLE: HYP-57/TSEC	6	6	6	6	6	6	6	6				
103 W37483	B		TOOL KIT ELECTRIC EQUIPMENT: TK-101/GSO	1	1	1	1	1	1	1	1				
103 W60351	B		WIRELINE ADAPTER: WYX-57/TSEC	6	6	6	6	6	6	6	6				
103 W95537	B		TRAILER CARGO: 3/4 TON 2 WHEEL W/E	6	6	6	6	6	6	6	6				
103 Z05104	B		ANTENNA GROUP: DE-314/GRC LOG PERIODIC	2	2	2	2	2	2	2	2				
103 Z78448	A		TACTICAL ARMY CSS COMPUTER SYSTEM (TACCS)	1	1	1	1	1	1	1	1				

PARA LIN	ERC	PLTR	MULTI-	NOMENCLATURE	SUB-UNIT LINE TOTAL REQ AUTH	PARENT-UNIT LINE TOTAL REQ AUTH	PARENT-UNIT NET CHANGE REQ AUTH	RNKS
104				SA/DMSO SECTION	1	1		
104	C61455	A		CALIBRATOR-GENERATOR: ECG PORT BATTERY OPERATED	1	1		
104	C68719	B		CABLE TELEPHONE: WD-1/TT DR-8 1/2 KM	1	1		
104	C89145	B		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	21	21		
104	C89213	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	21	21		
104	J45699	B		GEN ST GAS ENG: 3KW 60HZ 1-3PH 120/240 120/208V SKD TAC UTILIT	3	3		
104	L63394	B		LIGHT SET GENERAL ILLUMINATION: 25 OUTLET (ARMY)	1	1		
104	M23354	B		MULTIMETER DIGITAL DISPLAY: AN/USN-486	2	2		
104	M60449	B		RADIOMETER: IM-9/PO	2	2		
104	O20798	B		REELING MACHINE CABLE HAND: RL-39	1	1		
104	R59160	B		REFRIGERATOR SOLID STATE BIO:	1	1		
104	R64126	A		TESTER DEFIBRILLATOR ENERGY:	1	1		
104	T02889	A		TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	1	1		
104	T49255	B		TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/E M1008	1	1		
104	T59482	B		TELEPHONE SET: TA-312/PT	2	2		
104	V31211	B		TOOL KIT MEDICAL EQUIPMENT MAINTENANCE AND REPAIR: ORG MAINT	2	2		
104	W43197	B		TRAILER CARGO: 1-1/2 TON 2 WHEEL W/E	2	2		
104	W45334	B		TRUCK CARGO: 2-1/2 TON 6X6 W/E	3	3		
104	W95537	B		WATCH WRIST: NON MAINTAINABLE	3	3		
104	X40009	B		LOGMARS(T) COMMUNICATIONS MODEM GROUP: CY-8538/G	22	22		
104	Y34027	B		LOGMARS(T) MICROPROCESSOR GROUP: CY-8537/G	4	4		
104	Z09000	A		DELETED	0	0		
104	Z50144	A		TACTICAL ARMY CSS COMPUTER SYSTEM (TACCS):	1	1		
104	Z62400	A			0	0		
104	Z78448	A			1	1		
105				BN MAINT SECTION	3	3		
105	A32355	B		ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	1	1		
105	A56243	B		ANALYZER SET ENGINE: PORTABLE SOLID STATE (STE/ICEPM)	0	0		
105	C32887	B		CLEANER STEAM HIGH PRESSURE HOT WATER JET: WHEEL MOUNTED	1	1		
105	C68719	B		CABLE TELEPHONE: WD-1/TT DR-8 1/2 KM	9	9		
105	C89145	B		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	9	9		
105	C89213	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	2	2		
105	D99573	B		CHARGE BATTERY: PP-34/MSM	1	1		
105	E69242	B		COMP UNIT RCP: AIR REC GAS DRVN 15 CFM 175 PSI	0	0		
105	G54041	B		DELETED	1	1		
105	J45699	B		GEN ST GAS ENG: 3KW 60HZ 1-3PH 120/240 120/208V SKD TAC UTILIT	1	1		

SECTION III EQUIPMENT ALLOWANCE

FCO191

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PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT	
				LINE TOTAL	REQ	LINE TOTAL	REQ	NET CHANGE	RMKS
105	K49775	B	HOSE AND FITTING KIT: FOR PUMP GASOLINE DISPENSING 50GPM	1	1	1	1		
105	M60449	B	MULTIMETER DIGITAL: AN/PSM-45	1	1	1	1		
105	P96640	B	PUMPING ASSEMBLY FLAMMABLE LIQUID BULK TRANSFER:	1	1	1	1		
105	R51160	B	REELING MACHINE CABLE HAND: RL-39	1	1	1	1		
105	T59482	B	TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/E M1008	1	1	1	1		
105	V19950	B	TANK UNIT LIQUID DISPENSING TRAILER MOUNTING:	1	1	1	1		
105	V31211	B	TELEPHONE SET: TA-312/PT	2	2	2	2		
105	W32730	B	SHOP EQUIPMENT AUTO MAINT AND REPAIR: OM COMMON NO 2 LESS POWE	1	1	1	1		
105	W33004	B	TOOL KIT GENERAL MECHANICS: AUTOMOTIVE	16	16	16	16		
105	W69528	B	TOWBAR MOTOR VEHICLE: WHEELED VEHICLE	5	5	5	5		
105	W95537	B	TRAILER CARGO: 3/4 TON 2 WHEEL W/E	1	1	1	1		
105	W95811	B	TRAILER CARGO: 1-1/2 TON 2 WHEEL W/E	1	1	1	1		
105	X40009	B	TRUCK CARGO: 2-1/2 TON 6X6 W/E	1	1	1	1		
106			PREVENTIVE MED SECT						
106	C62375	B	BATTERY CASE: 2-AIU-E1	3	3	3	3		
106	C68719	B	CABLE TELEPHONE: WD-1/TT DR-8 1/2 KM	1	1	1	1		
106	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	6	6	6	6		
106	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	6	6	6	6		
106	E00533	B	CHARGER RADIAC DETECTOR: PP-1578/PO	1	1	1	1		
106	E61310	B	COMPARATOR COLOR: HYDROGEN ION AND RESIDUAL CHLORINE	1	1	1	1		
106	H10793	B	ENTOMOLOGICAL COLLECTING KIT FIELD:	3	3	3	3		
106	J48402	B	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 DR AN/GRC-160	3	3	3	3		
106	J71679	B	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 DR AN/GRC-160	3	3	3	3		
106	K87456	B	INSTL KIT: MK-1817/GRC F/AN/VRC-46/64 GRC-125/160 IN M882/M8	0	0	0	0		
106	M24993	A	MEDICAL EQUIPMENT SET EPIDEMIOLOGY SERVICE FIELD	1	1	1	1		
106	M28909	A	MEDICAL EQUIPMENT SET INDUSTRIAL HYGIENE SURVEY: FIELD	1	1	1	1		
106	N04456	B	NIGHT VISION GOGGLES: AN/PVS-5	3	3	3	3		
106	O20935	B	RADIAC METER: IM-93/UD	3	3	3	3		
106	O34308	B	RADIO SET: AN/GRC-160	3	3	3	3		
106	R59160	B	REELING MACHINE CABLE HAND: RL-39	1	1	1	1		
106	R96925	B	RIFLE-SHOTGUN SURVIVAL: CALIBER .22/410 GAGE	3	3	3	3		
106	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	3	3	3	3		
106	S10157	A	RODENT SURVEY SET:	3	3	3	3		
106	T59346	B	TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/COMMO KIT	3	3	3	3		
106	V31211	B	TELEPHONE SET: TA-312/PT	2	2	2	2		
106	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	3	3	3	3		
106	Y36844	A	WATER QUALITY CONTROL SET: ENGINEER	1	1	1	1		

SECTION III EQUIPMENT ALLOWANCE

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PARA LIN	ERC	PLIER	MULTI-	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		RMKS
					REQ	AUTH	LINE TOTAL	REQ	AUTH	NET CHANGE	
106	Y36849	A		WATER QUALITY CONTROL SET: PREVENTATIVE MEDICINE	3	3	3	3	3		
106	Y37130	A		WATER TESTING KIT BACTERIOLOGICAL:	3	3	3	3	3		
106	Z48437	B		PESTICIDE DISPERSAL UNIT BACKPACK PORT'BL:	2	2	2	2	2		
107				OPTOMETRY SECTION							
107	C83945	A		CHAIR AND STOOL UNIT: DENTAL OPERATING PORTABLE	1	1	1	1	1		
107	C89145	B		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	6	6	6	6	6		
107	C89213	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	6	6	6	6	6		
107	E17489	A		EDGING MACHINE: OPHTHALMIC LENS AUTOMATIC BEVELING 115V 60HZ A	1	1	1	1	1		
107	L65225	A		LIGHT SLIT: OPHTHALMOLOGICAL BASE MOUNT ADJ VARIABL VOLTAGE TV	1	1	1	1	1		
107	N22073	A		OPTICAL FABRICATION UNIT: PORTABLE FIELD	1	1	1	1	1		
107	N23712	A		OPTOMERY EQUIPMENT SET FIELD COMBAT:	1	1	1	1	1		
107	V31211	B		TELEPHONE SET: TA-312/PT	1	1	1	1	1		
108				MENTAL HLTH SECTION							
108	C89145	B		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	4	4	4	4	4		
108	C89213	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	4	4	4	4	4		
108	E37001	A		CLINICAL PSYCHOLOGISTS SET FIELD:	1	1	1	1	1		
108	V31211	B		TELEPHONE SET: TA-312/PT	1	1	1	1	1		
109				COMPANY HEADQUARTERS							
109	A32355	B		ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK MBA1	1	1	1	1	1		
109	A79381	B		ANTENNA GROUP: OE-254()/GRC	1	1	1	1	1		
109	B14181	B		BAG CARGO AERIAL DELIVERY: COTTON DUCK COLLAPSIBLE SQUARE OD	16	16	16	16	16		
109	C05701	B		DELETED	0	0	0	0	0	-3	
109	C52382	B		CRYPTOGRAPHIC SPEECH EQUIP: TSEC/KY-65	1	1	1	1	1		
109	C62375	B		BATTERY CASE: Z-AIJ-E1	4	4	4	4	4		
109	C68856	B		CABLE TELEPHONE: WD-1/TT RL-159/U 2 KM	1	1	1	1	1		
109	C89145	B		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	36	36	36	36	36		
109	C89213	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	36	36	36	36	36		
109	E00533	B		CHARGER RADIAC DETECTOR: PP-1578/PO	2	2	2	2	2		
109	E98103	B		EL-C TRANSFER KEYING DEVICE ETKO: KYK-13/TSEC	1	1	1	1	1		
109	G02204	B		DETECTING SET MINE: PTBL METALLIC (AN/PSS-11)	0	0	0	0	0		
109	G02341	B		DETECTING SET MINE: PTBL METALLIC (AN/PSS-11)	1	1	1	1	1		
109	J45699	B		GEN ST GAS ENG: 3KW 60HZ 1-3PH 120/240 120/208V SKD TAC UTILIT	1	1	1	1	1		
109	J48062	B		INSTALLATION KIT: MK-2449/VRC F/AN/VRC-46 IN CUCV M1009	2	2	2	2	2		
109	J48402	B		INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	2	2	2	2	2	+2	
109	J48674	B		INSTALLATION KIT: MK-2506/GRC F/AN/GRC-106 OR AN/GRC-106A	1	1	1	1	1	+1	

SECTION III EQUIPMENT ALLOWANCE

08065LFCB2

FC0191

PARA	LIN	ERC	MULTI- PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT	
					LINE	TOTAL	LINE	TOTAL	NET CHANGE	RKMS
					REQ	AUTH	REQ	AUTH	REQ	AUTH
109	J71543	B		INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	4	4	4	4		
109	J08275	B		INSTL KIT ELEC EQUIP: MK-2418/VRC F/AN/VRC-46/64 OR AN/GRC-160	2	2	2	2		
109	J08411	B		INSTL KIT ELECTR EQUIP: MK-2422/GRC F/AN/GRC-106 OR AN/GRC-106	1	1	1	1		
109	K25342	B		HEATER IMMERSION LIQUID FUEL FIRED: 34-3/4 IN LG OF HEATER	16	16	16	16		
109	K28601	B		KITCHEN: COMPANY LEVEL FIELD FEEDING	4	4	4	4		
109	K87454	B		INSTALLATION KIT: MK-1815/GRC-106 F/AN/GRC-106 IN MB82 OR MB92	0	0	0	0	-1	-1
109	K87456	B		INSTL KIT: MK-1817/GRC F/AN/VRC-46/53/64 GRC-125/160 IN MB82/MB	0	0	0	0	-2	-2
109	L28351	B		KITCHEN FIELD TRAILER MOUNTED: MTD ON M103A3 TRAILER	4	4	4	4		
109	M11895	A		MASK CBR: PROTECTIVE FIELD	172	158	172	158		
109	M27047	B		MULTIPLIER: TD-1288()/GRC	1	1	1	1		
109	N02758	B		NET CONTROL DEVICE NCD: KYX-15/TSEC	1	1	1	1		
109	P40745	B		POWER SUPPLY: PP-4763/GRC	1	1	1	1		
109	P40750	B		POWER SUPPLY: PP-6224/U	2	2	2	2		
109	P98152	B		PISTOL 9MM AUTOMATIC: XM9	15	15	15	15		
109	Q20935	B		RADIOMETER: IM-93/UO	2	2	2	2		
109	Q32756	B		RADIO SET: AN/GRC-106	1	1	1	1		
109	Q53001	B		RADIO SET: AN/VRC-46	2	2	2	2		
109	Q78282	B		RADIO SET CONTROL GROUP: AN/GRA-39	2	2	2	2		
109	R30662	B		RECEIVER-TRANSMITTER CONTROL GROUP: AN/GRA-6	1	1	1	1		
109	R30925	B		DELETED	0	0	0	0	-1	-1
109	R59023	B		REELING MACHINE CABLE HAND: RL-31	1	1	1	1		
109	R59035	B		RIFLE 5.56 MILLIMETER: M16A2	157	143	157	143		
109	S01373	B		SPEECH SECURITY EQUIPMENT: TSEC/KY-57	2	2	2	2		
109	T05028	A		TRUCK UTILITY: TACTICAL 3/4 TON W/E M1009	1	1	1	1		
109	T40405	B		TAPE READER GENERAL PURPOSE: KDI-18/TSEC	1	1	1	1		
109	T59346	B		TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/COMMO KIT	2	2	2	2		
109	V31211	B		TELEPHONE SET: TA-312/PT	2	2	2	2		
109	V98788	B		POWER SUPPLY VEHICLE: HYP-57/TSEC	1	1	1	1		
109	W51910	B		TOOL KIT SMALL ARMS REPAIRMAN: ORDNANCE	1	1	1	1		
109	W60351	B		WIRELINE ADAPTER: HX-57/TSEC	4	4	4	4		
109	W95537	B		TRAILER CARGO: 3/4 TON 2 WHEEL W/E	1	1	1	1		
109	W95811	B		TRAILER CARGO: 1-1/2 TON 2 WHEEL W/E	1	1	1	1		
109	W98825	B		TRAILER TANK: WATER 400 GALLON 1-1/2 TON 2 WHEEL W/E	5	5	5	5		
109	X40009	B		TRUCK CARGO: 2-1/2 TON 6X6 W/E	1	1	1	1		
109	X40794	B		TRUCK CARGO: DROP SIDE 5 TON 6X6 W/E	4	4	4	4		
109	Z05104	B		ANTENNA GROUP: OE-314/GRC LOG PERIODIC	1	1	1	1		

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SECTION III EQUIPMENT ALLOWANCE

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PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARCMT-UNIT		PARENT-UNIT		RMKS
				LINE TOTAL	REQ	LINE TOTAL	REQ	NET CHANGE	AUTH	
110			TREATMENT PLT HQ	1	1	1	1			
110	A32355	B	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	1	1	1	1			
110	A79381	B	ANTENNA GROUP: OE-254()/GRC	1	1	1	1			
110	B48518	B	BOOK SET MEDICAL TEXT NO 1:	1	1	1	1			
110	C62375	B	BATTERY CASE: 2-AIJ-E1	4	4	4	4			
110	C68719	B	CABLE TELEPHONE: WD-1/TT DR-8 1/2 KM	1	1	1	1			
110	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	13	13	13	13			
110	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/OESERT PLASTIC POLE	13	13	13	13			
110	E00533	B	CHARGER RADIAC DETECTOR: PP-1578/PD	1	1	1	1			
110	J35813	A	GEN ST DSL ENG: 5KW 60HZ 1-3PH AC 120/208 120/240V TAC UTIL	2	2	2	2			
110	J35825	A	GEN ST DSL ENG: 10KW 60HZ 1-3PH AC 120/208 120/240V TAC UTIL	2	2	2	2			
110	J48402	B	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	2	2	2	2			
110	J71543	B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	2	2	2	2			
110	K87456	B	INSTL KIT: MK-1817/GRC F/AN/VRC-46/53/64 GRC-125/160 IN M882/M8	0	0	0	0			
110	L63994	B	LIGHT SET GENERAL ILLUMINATION: 25 OUTLET (ARMY)	2	2	2	2			
110	M23471	A	MEDICAL EQUIPMENT SET CLEARING STATION:	1	1	1	1			
110	M23673	A	MEDICAL EQUIPMENT SET CHEMICAL AGENT PATIENT TREATMENT:	5	5	5	5			
110	M27047	B	MULTIPLER: TD-1288()/GRC	1	1	1	1			
110	P40750	B	POWER SUPPLY: PP-6224/U	2	2	2	2			
110	Q19339	B	RADIAC SET: AN/PDR-27	1	1	1	1			
110	Q20935	B	RADIAC SET: IM-93/UD	1	1	1	1			
110	Q21483	B	RADIAC SET: IM-174/PD	1	1	1	1			
110	Q53001	B	RADIO SET: AN/VRC-45	2	2	2	2			
110	Q78282	B	RADIO SET CONTROL GROUP: AN/GRA-39	2	2	2	2			
110	R30323	B	DELETED	0	0	0	0			
110	R59160	B	REELING MACHINE CABLE HAND: RL-39	1	1	1	1			
110	R64126	A	REFRIGERATOR SOLID STATE 810:	1	1	1	1			
110	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	2	2	2	2			
110	T59346	A	TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/COMMO KIT	1	1	1	1			
110	T60464	A	SINK UNIT SURGICAL SCRUB AND UTENSIL HOSPITAL FIELD: 110V 60C	2	2	2	2			
110	V31211	B	TELEPHONE SET: TA-312/PT	1	1	1	1			
110	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	2	2	2	2			
110	W60351	B	WIRELINE ADAPTER: HYP-57/TSEC	4	4	4	4			
110	W95311	B	TRAILER CARGO: 1-1/2 TON 2 WHEEL W/E	2	2	2	2			
110	W98825	E	TRAILER TANK: WATER 400 GALLON 1-1/2 TON 2 WHEEL W/E	1	1	1	1			
110	X40009	B	TRUCK CARGO: 2-1/2 TON 6X6 W/E	3	3	3	3			
110	Z62400		DELETED	0	0	0	0			

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PARA LIN	MULTI- ERC PLIER	NOMENCLATURE	SUB-UNIT LINE TOTAL REQ AUTH	PARENT-UNIT LINE TOTAL REQ AUTH	PARENT-UNIT NET CHANGE REQ AUTH	RMKS	
111	A	SURG SQUAD (2)	2	2	2		
111	B	ANES APP GAS: W/O2 MONITOR N2O O2 : VOLATILE LIO 4 CY CAP PORT	6	6	6		
111	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	6	6	6		
111	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	2	2	2		
111	B	DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC DR DC	2	2	2		
111	A	MEDICAL EQUIPMENT SET SURGICAL SQUAD FIELD LIGHTWEIGHT:	2	2	2		
111	B	RADIAC SET: AN/PDR-27	2	2	2		
111	B	RADIAC SET: IM-93/PD	2	2	2		
111	B	RADIAC SET: IM-174/PD	2	2	2		
111	A	STERILIZER SURGICAL INSTR: DRESSING: MI-SPD STM115V50/60/400HZ	0	0	0	-2	-2
111	A	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMV)	4	4	4		
111	A	STER SURG INSTR: PRES ELEC/EXT MT CRS 61/2X12 IN 50/60C AC-DC	2	2	2		+2
111	B	TELEPHONE SET: TA-312/PT	2	2	2		
112	B	TREATMENT SQUAD (2)	4	4	4		
112	A	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	2	2	2		
112	B	BOOK SET MEDICAL TEXT NO 1:	6	6	6		
112	B	BATTERY CASE: Z-AIJ-E1	2	2	2		
112	B	CABLE TELEPHONE: WD-1/TT DM-8 1/2 KM	10	10	10		
112	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND/DESERT PLASTIC POLE	10	10	10		
112	B	CAMOUFLAGE SCREEN SUPPORT SYST: WOODLAND/DESERT PLASTIC POLE	4	4	4		
112	B	DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC OR DC	2	2	2		
112	B	INSTL KIT: MK-1967/VRC F/KY-57/- 'UXILARY RECEIVER R442	2	2	2		
112	B	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	2	2	2		
112	B	INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	2	2	2		
112	B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	2	2	2		
112	B	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	2	2	2		
112	A	MES BATTALION AID STATION:	4	4	4		
112	B	NIGHT VISION GOGGLES: AN/PVS-5	4	4	4		
112	B	RADIAC SET: AN/PDR-27	4	4	4		
112	B	RADIAC SET: IM-93/UD	4	4	4		
112	B	RADIAC SET: IM-174/PD	4	4	4		
112	B	RADIO SET: AN/VRC-47	2	2	2		
112	B	RADIO SET: AN/VRC-160	2	2	2		
112	B	REELING MACHINE CABLE HANO: RL-39	1	1	1		
112	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	6	6	6		
112	A	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMV)	4	4	4		

PARA LIN	ERC	PLIER	MULTI-	NOMENCLATURE	SUB-UNIT LINE TOTAL REQ	AUTH	PARENT-UNIT LINE TOTAL REQ	NET CHANGE REQ	PARENT-UNIT AUTH	RMKS
112	V31211	B		TELEPHONE SET: TA-312/PT	2	2	2			
112	V98788	B		POWER SUPPLY VEHICLE: HYP-57/TSEC	6	6	6			
112	W60351	B		WIRELINE ADAPTER: HYX-57/TSEC	4	4	4			
112	W95537	B		TRAILER CARGO: 3/4 TON 2 WHEEL W/E	2	2	2			
113				AREA SUPPORT SQUAD						
113	C83945	A		CHAIR AND STOOL UNIT: DENTAL OPERATING PORTABLE	1	1	1			
113	C89145	B		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	7	7	7			
113	C89213	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	7	7	7			
113	D26151	A		DES GENERAL DENTISTRY FIELD:	1	1	1			
113	D39478	A		DES DENTAL X-RAY FIELD:	1	1	1			
113	O95343	A		DENTAL EQUIPMENT SET DENTAL SUPPORT:	1	1	1			
113	E87355	A		COMPRESSOR - DEHYDRATOR DENTAL EQUIPMENT:	1	1	1			
113	F95504	A		DENTAL INSTRUMENT AND SUPPLY SET EMERGENCY TREATMENT FIELD:	1	1	1			
113	F95601	A		DENTAL OPERATING AND TREATMENT UNIT FIELD:	1	1	1			
113	L63833	A		LIGHT SET DENTAL OPERATING: 115V	1	1	1			
113	M29159	A		MEDICAL EQUIPMENT SET LABORATORY FIELD LIGHTWEIGHT:	1	1	1			
113	M45613	A		MEDICAL EQUIPMENT SET X-RAY FIELD LIGHTWEIGHT:	1	1	1			
113	O20798	B		RADIOMETER: IM-9/PD	2	2	2			
113	T60464	A		-INK UNIT SURGICAL SCRUB AND UTENSIL HOSPITAL FIELD: 110V 60C	1	1	1			
113	V31211	B		TELEPHONE SET: TA-312/PT	1	1	1			
113	X37050	A		X-RAY APPARATUS FIELD DENTAL:	1	1	1			
114				TREATMENT SQUAD						
114	A32355	B		ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	2	2	2			
114	B48518	A		BOOK SET MEDICAL TEXT NO 1:	1	1	1			
114	C62375	B		BATTERY CASE: 2-AIU-E1	3	3	3			
114	C68719	B		CABLE TELEPHONE: WD-1/TT DR-8 1/2 KM	1	1	1			
114	C89145	B		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	4	4	4			
114	C89213	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	4	4	4			
114	D86072	B		DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC DR DC	2	2	2			
114	J31622	B		INSTL KIT: MK-1967/VRC F/KY-57 W/AUXILIARY RECEIVER R442	1	1	1			
114	J48402	B		INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	1	1	1			
114	J48470	B		INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	1	1	1			
114	J71543	B		INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	1	1	1			
114	J71679	B		INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	1	1	1			
114	M52274	A		MES BATTALION AID STATION:	1	1	1			
114	N04456	B		NIGHT VISION GOGGLES: AN/PVS-5	2	2	2			

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SECTION III EQUIPMENT ALLOWANCE

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PARA LIN	MULTI- ERIC PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		RMKS
			REQ	AUTH	LINE TOTAL	REQ	AUTH	NET CHANGE	
114	019339	B	2	2	2	2	2		
114	020935	B	2	2	2	2	2		
114	021483	B	2	2	2	2	2		
114	034308	B	1	1	1	1	1		
114	054174	B	1	1	1	1	1		
114	078282	B	1	1	1	1	1		
114	059160	B	1	1	1	1	1		
114	501373	B	1	1	1	1	1		
114	161494	A	3	3	3	3	3		
114	V31211	B	2	2	2	2	2		
114	V98788	B	1	1	1	1	1		
114	W60351	B	3	3	3	3	3		
114	W95537	B	2	2	2	2	2		
115	C89145	B	10	10	10	10	10		
115	C89213	B	10	10	10	10	10		
115	D86072	A	1	1	1	1	1		
115	M29633	A	2	2	2	2	2		
115	T61494	B	2	2	2	2	2		
115	V31211	B	1	1	1	1	1		
116	A32355	B	1	1	1	1	1		
116	A79381	B	1	1	1	1	1		
116	C62375	B	2	2	2	2	2		
116	C68719	B	1	1	1	1	1		
116	C89145	B	4	4	4	4	4		
116	C89213	B	4	4	4	4	4		
116	E00533	B	1	1	1	1	1		
116	J31622	B	1	1	1	1	1		
116	J71543	B	1	1	1	1	1		
116	J88343	B	1	1	1	1	1		
116	M27047	B	1	1	1	1	1		
116	P40750	B	1	1	1	1	1		
116	Q19339	B	1	1	1	1	1		
116	Q20935	B	1	1	1	1	1		
116	Q21483	B	1	1	1	1	1		

PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		NET CHANGE	RMKS
				REQ	AUTH	LINE TOTAL	REQ	AUTH	REQ	AUTH	
116	Q54174	8	RADIO SET: AN/VRC-47	1	1	1	1	1			
116	Q78282	8	RADIO SET CONTROL GROUP: AN/GRA-39	1	1	1	1	1			
116	S01373	8	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	2	2	2	2	2			
116	T05028	8	TRUCK UTILITY: TACTICAL 3/4 TON W/E M1009	1	1	1	1	1			
116	V31211	8	TELEPHONE SET: TA-312/PT	1	1	1	1	1			
116	V98788	8	POWER SUPPLY VEHICLE: HYP-57/TSEC	2	2	2	2	2			
116	W60351	8	WIRELINE ADAPTER: HX-57/TSEC	2	2	2	2	2			
117	C52375	8	AMBULANCE SQUADS (4)	8	8	8	8	8			
117	C59145	8	BATTERY CASE: Z-AIJ-E1	8	8	8	8	8			
117	C89213	8	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	8	8	8	8	8			
117	J48402	8	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	8	8	8	8	8			
117	J71679	8	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	8	8	8	8	8			
117	M10936	8	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	16	16	16	16	16			
117	M26413	8	MASK: PROTECTIVE TANK	8	8	8	8	8			
117	N04456	8	MEDICAL EQUIPMENT SET GROUND AMBULANCE:	8	8	8	8	8			
117	O19339	8	NIGHT VISION GOGGLES: AN/PVS-5	8	8	8	8	8			
117	Q20935	8	RADIAC SET: AN/PDR-27	8	8	8	8	8			
117	Q21483	8	RADIAC METER: IM-93/UD	8	8	8	8	8			
117	Q34308	8	RADIO SET: AN/GRC-160	8	8	8	8	8			
117	S01373	8	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	8	8	8	8	8			
117	T38707	8	TRUCK AMBULANCE: 2 LITTER ARMO 4X4 W/E (HMMNV)	8	8	8	8	8			
117	V98788	8	POWER SUPPLY VEHICLE: HYP-57/TSEC	8	8	8	8	8			
200		1	FWD SPT MEDICAL CO (ABN) S08067H300								
201	A32355	8	COMPANY HEADQUARTERS	1	1	1	1	1			
201	A79381	8	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	2	2	2	2	2			
201	B14181	8	ANTENNA GROUP: OE-254(1)/GRC	6	6	6	6	6			
201	B67766	8	BAG CARGO AERIAL DELIVERY: COTTON DUCK COLLAPSIBLE SQUARE JO	1	1	1	1	1			
201	C05701	8	BINOCULAR: MODULAR CONSTRUCTION MIL SCALE RETICLE 7X50MM W/E	0	0	0	0	0			
201	C52382	8	CHEMICAL AGENT MONITOR: (CAM)	1	1	1	1	1			
201	C62375	8	CRYPTOGRAPHIC SPEECH EQUIP: TSEC/KY-65	4	4	4	4	4			
201	C68856	8	BATTERY CASE: Z-AIJ-E1	1	1	1	1	1			
201	C89145	8	CABLE TELEPHONE: WD-1/TT RL-159/U 2 KM	13	13	13	13	13			
201	C89213	8	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	13	13	13	13	13			
201		8	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	13	13	13	13	13			

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SECTION III EQUIPMENT ALLOWANCE

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PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT	
				LINE TOTAL	REQ	LINE TOTAL	REQ	NET CHANGE	RMKS
201	EO0533	B	CHARGER RADIAC DETECTOR: PP-1578/PD	2	2	2	2		
201	E98103	B	ELEC TRANSFER KEYING DEVICE ETKD: KYK-13/TSEC	1	1	1	1		
201	G02204	B	DETECTING SET MINE: PTBL METALLIC AND NON METALLIC	0	0	0	0		
201	G02341	B	DETECTING SET MINE: PTBL METALLIC (AN/PSS-11)	1	1	1	1		
201	G21472	B	DISPENSING PUMP: HAND DRIVEN HOSE-NOZZLE DISCHARGE ADJUST RANG	1	1	1	1		
201	J31622	B	INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	2	2	2	2		
201	J45699	B	GEN ST GAS ENG: 3KW 60HZ 1-3PH 120/240 120/208V SKD TAC UTILIT	1	1	1	1		
201	J48062	B	INSTALLATION KIT: MK-2449/VRC F/AN/VRC-46 IN CUCV M1009	2	2	2	2		
201	J48402	B	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	2	2	2	2	+2	
201	J48470	B	INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	2	2	2	2	+1	
201	J48674	B	INSTALLATION KIT: MK-2506/VRC F/AN/VRC-47/VRC-12	1	1	1	1	+1	
201	J71543	B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-106A	1	1	1	1		
201	J88275	B	INSTL KIT ELEC EQUIP: MK-2418/VRC F/AN/VRC-46/64 OR AN/GRC-160	5	5	5	5		
201	J88343	B	INSTALLATION KIT ELEC EQUIP: MK-2419/VRC F/AN/VRC-47 IN M1009	2	2	2	2		
201	K87449	B	INSTALLATION KIT: MK-1810/VRC-47 F/AN/VRC-47 IN M882 OR M892	1	1	1	1	-1	
201	K87454	B	INSTALLATION KIT: MK-1815/GRC-106 F/AN/VRC-106 IN M882 OR M892	0	0	0	0	-1	
201	K87456	B	INSTL KIT: MK-1817/GRC F/AN/VRC-46/53/64 GRC-125/160 IN M882/M8	0	0	0	0	-2	
201	M11895	A	MASK CBR: PROTECTIVE FIELD	64	60	64	60		
201	M27047	B	MULTIPLER: TD-1288()/GRC	2	2	2	2		
201	M60449	B	MULTIMETER DIGITAL: AN/PSM-45	1	1	1	1		
201	N02758	B	NET CONTROL DEVICE NCD: KYK-15/TSEC	1	1	1	1		
201	P40745	B	POWER SUPPLY: PP-4763/GRC	1	1	1	1		
201	P40750	B	POWER SUPPLY: PP-6224/U	2	2	2	2		
201	P98152	B	PISTOL 9MM AUTOMATIC: XM9	5	5	5	5		
201	O20935	B	RADIACMETER: IM-93/UD	2	2	2	2		
201	O32756	B	RADIO SET: AN/GRC-106	1	1	1	1		
201	O53001	B	RADIO SET: AN/VRC-46	2	2	2	2		
201	O54174	B	RADIO SET: AN/VRC-47	1	1	1	1		
201	O78282	0	RADIO SET CONTROL GROUP: AN/GRA-39	2	2	2	2		
201	R30662	B	RECEIVER-TRANSMITTER CONTROL GROUP: AN/GRA-6	1	1	1	1		
201	R30925	B	DELETED	0	0	0	0	-1	
201	R59023	B	REELING MACHINE CARLE HAND: RL-31	1	1	1	1		
201	R93169	B	RADIO TEST SET: AN/PRM-34()	0	0	0	0		
201	R95035	B	RIFLE 5.56 MILLIMETER: M16A2	1	1	1	1		
201	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	59	55	59	55		
201	T05028	A	TRUCK UTILITY: TACTICAL 3/4 TON W/E M1009	4	4	4	4		
201	T25726	B	TONE-SIGNALING ADAPTER: TA-977()/PT	1	1	1	1		
201	T40405	B	TAPE READER GENERAL PURPOSE: K01-18/TSEC	2	2	2	2		
201		B		1	1	1	1		

PARA LIN	ERC	PLIER	MULTI-	NOMENCLATURE	SUB-UNIT LINE	AUTH	REQ	PARENT-UNIT LINE	TOTAL	PARENT-UNIT REQ	AUTH	NET CHANGE	PARENT-UNIT REQ	AUTH	RMKS
201	T59346	B		TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/COMMO KIT	1		1	1	1						
201	U81707	B		SWITCHBOARD TELEPHONE MANJAL: SB-22/PT	1		1	1	1						
201	V31211	B		TELEPHONE SET: TA-312/PT	2		2	2	2						
201	V98788	B		POWER SUPPLY VEHICLE: HYP-57/TSEC	4		4	4	4						
201	W34648	B		TOOL KIT CARPENTERS: ENGINEER SQUAD W/CHEST	1		1	1	1						
201	W37483	B		TOOL KIT ELECTRIC EQUIPMENT: TK-101/GSO	1		1	1	1						
201	W51910	B		TOOL KIT SMALL ARMS REPAIRMAN: ORDNANCE	1		1	1	1						
201	W60351	B		WIRELINE ADAPTER: MYX-57/TSEC	4		4	4	4						
201	W69528	B		TOWBAR MOTOR VEHICLE: WHEELED VEHICLE	1		1	1	1						
201	W95537	B		TRAILER CARGO: 3/4 TON 2 WHEEL W/E	1		1	1	1						
201	W95811	B		TRAILER CARGO: 1-1/2 TON 2 WHEEL W/E	1		1	1	1						
201	W98825	B		TRAILER TANK: WATER 400 GALLON 1-1/2 TON 2 WHEEL W/E	1		1	1	1						
201	X40009	B		TRUCK CARGO: 2-1/2 TON 6X6 W/E	1		1	1	1						
201	X40794	B		TRUCK CARGO: DROP SIDE 5 TON 6X6 W/E	0		0	0	0						
201	Z05104	B		ANTENNA GROUP: OE-314/GRC LOG PERIODIC	1		1	1	1						
202	A32355	B		TREATMENT PLT HQ	1		1	1	1						
202	A79381	B		ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	1		1	1	1						
202	B48518	B		ANTENNA GROUP: OE-254(1)/GRC	1		1	1	1						
202	C62375	B		BOOK SET MEDICAL TEXT NO 1:	4		4	4	4						
202	C68719	B		BATTERY CASE: 2-AIU-E1	1		1	1	1						
202	C89145	B		CABLE TELEPHONE: WD-1/TT DR-8 1/2 KM	11		11	11	11						
202	C89213	B		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	11		11	11	11						
202	E00533	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	11		11	11	11						
202	J35812	A		CHARGER RADAR DETECTOR: PP-1578/PO	2		2	2	2						
202	J35825	A		GEN ST DSL ENG: 5KW 60HZ 1-3PH AC 120/208 120/240V TAC UTIL	1		1	1	1						
202	J48402	B		GEN ST DSL ENG: 10KW 60HZ 1-3PH AC 120/208 120/240V TAC UTIL	2		2	2	2						
202	J71543	B		INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	2		2	2	2						
202	K87456	B		INSTL KIT: MK-2147/VRC F/KV-57 W/AN/VRC-43 OR AN/VRC-46	2		2	2	2						
202	L63994	B		INSTL KIT: MK-1817/VRC F/AN/VRC-46/53/64 GRC-125/160 IN M882/MB	0		0	0	0						
202	L64131	B		LIGHT SET GENERAL ILLUMINATION: 25 OUTLET (ARMY)	2		2	2	2						
202	M23471	A		LIGHT SET MARKER EMERGENCY: AIR FIELD RUN WAY PTBL BATTERY OPR	1		1	1	1						
202	M23673	A		MEDICAL EQUIPMENT SET CLEARING STATION:	1		1	1	1						
202	M25865	A		MEDICAL EQUIPMENT SET CHEMICAL AGENT PATIENT TREATMENT:	5		5	5	5						
202	M27047	B		MEDICAL EQUIPMENT SET CHEMICAL AGENTS PATIENT DECONTAMINATION:	3		3	3	3						
202	P40750	B		MULTIPLEXER: TD-1288(1)/GRC	1		1	1	1						
202	Q19339	B		POWER SUPPLY: PP-6224/U	2		2	2	2						
202		B		RADIAC SET: AR/PDR-27	1		1	1	1						

SECTION III EQUIPMENT ALLOWANCE

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PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT	
				LINE TOTAL	REQ	LINE TOTAL	REQ	NET CHANGE	RMKS
202	Q20935	B	RADIOMETER: IM-93/UD	1	1	1	1		
202	Q21483	J	RADIOMETER: IM-174/PD	1	1	1	1		
202	Q53001	B	RADIO SET: AN/VRC-46	2	2	2	2		
202	Q78282	B	RADIO SET CONTROL GROUP: AN/GRA-39	2	2	2	2		
202	R30925	B	DELETED	0	0	0	0	-1	-1
202	R59160	B	REELING MACHINE CABLE HAND: RL-39	1	1	1	1		
202	R61571	A	REFRIGERATOR MECH BIOLOGICAL: WHOLE BLD PTBL FLD 110 V 60 CY A	1	1	1	1		
202	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	2	2	2	2		
202	T59346	A	TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/COMMO KIT	1	1	1	1		
202	T60464	A	SINK UNIT SURGICAL SCRUB AND UTENSIL HOSPITAL FIELD: 110V 60C	2	2	2	2		
202	V31211	B	TELEPHONE SET: TA-312/PT	1	1	1	1		
202	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	2	2	2	2		
202	W60351	B	WIRELINE ADAPTER: HXK-57/TSEC	4	4	4	4		
202	W95811	B	TRAILER CARGO: 1-1/2 TON 2 WHEEL W/E	2	2	2	2		
202	W98825	B	TRAILER TANK: WATER 400 GALLON 1-1/2 TON 2 WHEEL W/E	1	1	1	1		
202	X40009	B	TRUCK CARGO: 2-1/2 TON 6X6 W/E	3	3	3	3		
203	A32355	B	TREATMENT SQUAD (2)	4	4	4	4		
203	B48518	A	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK MBA1	2	2	2	2		
203	C62375	B	BOOK SET MEDICAL TEXT NO 1:	6	6	6	6		
203	C68719	B	BATTERY CASE: 2-A1J-E1	1	1	1	1		
203	C89145	B	CABLE TELEPHONE: WD-1/TT DR-B 1/2 KM	8	8	8	8		
203	C89213	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	8	8	8	8		
203	D86072	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	4	4	4	4		
203	J31622	B	DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC OR DC	2	2	2	2		
203	J48402	B	INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	2	2	2	2		
203	J48470	B	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	2	2	2	2		
203	J71543	B	INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	2	2	2	2		
203	J71679	B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	2	2	2	2		
203	M52274	A	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	2	2	2	2		
203	N04456	B	MES BATTALION AID STATION:	4	4	4	4		
203	O19339	B	NIGHT VISION GOGGLES: AN/PVS-5	4	4	4	4		
203	O20935	B	RADIAC SET: AN/PDR-27	4	4	4	4		
203	Q21483	B	RADIOMETER: IM-93/UD	4	4	4	4		
203	Q34308	B	RADIOMETER: IM-174/PD	2	2	2	2		
203	O54174	B	RADIO SET: AN/GRC-160	2	2	2	2		
203	O78282	B	RADIO SET: AN/VRC-47	2	2	2	2		
203		B	RADIO SET CONTROL GROUP: AN/GRA-39	2	2	2	2		

PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		RMKS
				LINE	TOTAL	LINE	TOTAL	LINE	TOTAL	
				REQ	AUTH	REQ	AUTH	REQ	AUTH	
203	R59160	B	REELING MACHINE CABLE HAND: RL-39	1	1	1	1			
203	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KV-57	6	6	6	6			
203	T61494	A	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	4	4	4	4			
203	V31211	S	TELEPHONE SET: TA-312/PT	2	2	2	2			
203	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	6	6	6	6			
203	W60351	B	WIRELINE ADAPTER: HYX-57/TSEC	4	4	4	4			
203	W95537	B	TRAILER CARGO: 3/4 TON 2 WHEEL W/E	2	2	2	2			
AREA SUPPORT SQUAD										
204	C83945	A	CHAIR AND STOOL UNIT: DENTAL OPERATING PORTABLE	1	1	1	1			
204	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	7	7	7	7			
204	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	7	7	7	7			
204	O28151	A	DES GENERAL DENTISTRY FIELD:	1	1	1	1			
204	O39478	A	DES DENTAL X-RAY FIELD:	1	1	1	1			
204	O93343	A	DENTAL EQUIPMENT SET DENTAL SUPPORT:	1	1	1	1			
204	E67355	A	COMPRESSOR - DEHYDRATOR DENTAL EQUIPMENT:	1	1	1	1			
204	F93504	A	DENTAL INSTRUMENT AND SUPPLY SET EMERGENCY TREATMENT FIELD:	1	1	1	1			
204	F95601	A	DENTAL OPERATING AND TREATMENT UNIT FIELD:	1	1	1	1			
204	L63833	A	LIGHT SET DENTAL OPERATING: 115V	1	1	1	1			
204	M23159	A	MEDICAL EQUIPMENT SET LABORATORY FIELD LIGHTWEIGHT:	1	1	1	1			
204	M45613	A	MEDICAL EQUIPMENT SET X-RAY FIELD LIGHTWEIGHT:	1	1	1	1			
204	Q20798	B	RADIOMETER: IM-9/PO	2	2	2	2			
204	T60464	A	SINK UNIT SURGICAL SCRUB AND UTENSIL HOSPITAL FIELD: 110V 60C	1	1	1	1			
204	V31211	B	TELEPHONE SET: TA-312/PT	1	1	1	1			
204	X37050	A	X-RAY APPARATUS FIELD DENTAL:	1	1	1	1			
TREATMENT SQUAD										
205	A32355	B	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK MBA1	2	2	2	2			
205	B48518	A	BOOK SET MEDICAL TEXT NO 1:	1	1	1	1			
205	C62375	B	BATTERY CASE: Z-AIJ-E1	3	3	3	3			
205	C68719	B	CABLE TELEPHONE: WD-1/TT OR-8 1/2 KM	1	1	1	1			
205	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	4	4	4	4			
205	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	4	4	4	4			
205	D86072	B	DEFIBRILLATOR MONITOR RECORDER: 120/230V 30/60HZ AC OR DC	2	2	2	2			
205	J31622	B	INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	1	1	1	1			
205	J48402	B	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	1	1	1	1			
205	J48470	B	INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	1	1	1	1			
205	J71543	B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	1	1	1	1			

SECTION III EQUIPMENT ALLOWANCE

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PARA LIN	MULTI- ERC PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		NET CHANGE		RMKS
			REQ	AUTH	LINE TOTAL	REQ	AUTH	REQ	AUTH		
205	J71679	B	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	1	1	1	1				
205	M52274	A	MES BATTALION AID STATION:	1	1	1	1				
205	N04456	B	NIGHT VISION GOGGLES: AN/PVS-5	2	2	2	2				
205	Q20935	B	RADIACMETER: IM-93/UD	2	2	2	2				
205	Q34308	B	RADIO SET: AN/GRC-160	1	1	1	1				
205	Q54174	B	RADIO SET: AN/VRC-47	1	1	1	1				
205	Q78282	B	RADIO SET CONTROL GROUP: AN/GRA-39	1	1	1	1				
205	R59160	R	REELING MACHINE CABLE HAND: RL-39	1	1	1	1				
205	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	3	3	3	3				
205	T61494	A	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMHV)	2	2	2	2				
205	V31211	B	TELEPHONE SET: TA-312/PT	1	1	1	1				
205	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	3	3	3	3				
205	W60351	B	WIRELINE ADAPTER: HX-57/TSEC	2	2	2	2				
205	W95537	B	TRAILER CARGO: 3/4 TON 2 WHEEL W/E	2	2	2	2				
206			PATIENT HOLDING SOUA								
206	C39145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/D SPT SY	10	10	10	10				
206	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	10	10	10	10				
206	D86072	A	DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC OR DC	1	1	1	1				
206	M29633	A	MEDICAL EQUIPMENT SET PATIENT HOLDING SQUAD FIELD LIGHTWEIGHT:	2	2	2	2				
206	T61494	B	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMHV)	2	2	2	2				
206	V31211	B	TELEPHONE SET: TA-312/PT	1	1	1	1				
207			AMBULANCE PLT HO								
207	A32355	B	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	1	1	1	1				
207	A79381	B	ANTENNA GROUP: OE-254()/GRC	1	1	1	1				
207	C62375	B	BATTERY CASE: Z-AIJ-E1	2	2	2	2				
207	C68719	B	CABLE TELEPHONE: WD-1/TT DR-B 1/2 KM	1	1	1	1				
207	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/D SPT SY	4	4	4	4				
207	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	4	4	4	4				
207	E00533	B	CHARGER RADIAC DETECTOR: PP-1578/PO	1	1	1	1				
207	J31622	B	INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	1	1	1	1				
207	J48470	B	INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	1	1	1	1			+1	
207	J71543	B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	1	1	1	1				
207	J88343	B	INSTALLATION KIT ELEC EQUIP: MK-2419/VRC F/AN/VRC-47 IN M1009	1	1	1	1				
207	K87269	B	INSTALLATION KIT: MK-1306/VRC-47 F/AN/VRC-47 IN M151	0	0	0	0			-1	
207	P40750	B	POWER SUPPLY: PP-6224/U	1	1	1	1				
207	Q19339	B	RADIAC SET: AN/PDR-27	1	1	1	1				

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PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		NET CHANGE		RMKS
				LINE	TOTAL	REQ	AUTH	LINE	TOTAL	REQ	AUTH	
207	020935	8	RADIACMETER: IM-93/UD	1	1	1	1	1	1	1	1	
207	021483	8	RADIACMETER: IM-174/PD	1	1	1	1	1	1	1	1	
207	054174	8	RADIO SET: AN/VRC-47	1	1	1	1	1	1	1	1	
207	078282	8	RADIO SET CONTROL GROUP: AN/GRA-39	1	1	1	1	1	1	1	1	
207	01373	8	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	2	2	2	2	2	2	2	2	
207	05028	A	TRUCK UTILITY: TACTICAL 3/4 TON W/E M1009	1	1	1	1	1	1	1	1	
207	031211	8	TELEPHONE SET: TA-312/PT	1	1	1	1	1	1	1	1	
207	098788	8	POWER SUPPLY VEHICLE: HYP-57/TSEC	2	2	2	2	2	2	2	2	
207	060351	8	WIRELINE ADAPTER: HX-57/TSEC	2	2	2	2	2	2	2	2	
208	062375	8	AMBULANCE SQUADS (4)	8	8	8	8	8	8	8	8	
208	039145	8	BATTERY CASE: Z-AIJ-E1	8	8	8	8	8	8	8	8	
208	089213	8	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	8	8	8	8	8	8	8	8	
208	048402	8	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	8	8	8	8	8	8	8	8	
208	071679	8	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	8	8	8	8	8	8	8	8	
208	010936	A	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	16	16	16	16	16	16	16	16	
208	026413	A	MASK: PROTECTIVE TANK	8	8	8	8	8	8	8	8	
208	04456	8	MEDICAL EQUIPMENT SET GROUND AMBULANCE:	8	8	8	8	8	8	8	8	
208	019339	8	NIGHT VISION GOGGLES: AN/PVS-5	8	8	8	8	8	8	8	8	
208	020935	8	RADIAC SET: AN/PDR-27	8	8	8	8	8	8	8	8	
208	021483	8	RADIACMETER: IM-93/UD	8	8	8	8	8	8	8	8	
208	034308	8	RADIACMETER: IM-174/PD	8	8	8	8	8	8	8	8	
208	01373	8	RADIO SET: AN/GRC-160	8	8	8	8	8	8	8	8	
208	038707	P	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	8	8	8	8	8	8	8	8	
208	098788	8	TRUCK AMBULANCE: 2 LITTER ARMO 4X4 W/E (HMMVV)	8	8	8	8	8	8	8	8	
208	098788	8	POWER SUPPLY VEHICLE: HYP-57/TSEC	8	8	8	8	8	8	8	8	
300			FWD SPT MEDICAL CO (ABN) SO8067H300	1	1	1	1	1	1	1	1	
301	A32355	8	COMPANY HEADQUARTERS	1	1	1	1	1	1	1	1	
301	A79381	8	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	2	2	2	2	2	2	2	2	
301	814181	8	ANTENNA GROUP: OE-254(1)/GRC	6	6	6	6	6	6	6	6	
301	867766	8	BAG CARGO AERIAL DELIVERY: COTTON DUCK COLLAPSIBLE SQUARE OD	1	1	1	1	1	1	1	1	
301	C05701	8	BINOCULAR: MODULAR CONSTRUCTION MIL SCALE RETICLE 7X50MM W/E	0	0	0	0	0	0	0	0	
301	C52382	8	CHEMICAL AGENT MONITOR: (CAM)	1	1	1	1	1	1	1	1	
301	C62375	8	CRYPTOGRAPHIC SPEECH EQUIP: TSEC/KY-65	4	4	4	4	4	4	4	4	
301	C68856	8	BATTERY CASE: Z-AIJ-E1	1	1	1	1	1	1	1	1	
301		8	CABLE TELEPHONE: WD-1/TT RL-159/U 2 KM	1	1	1	1	1	1	1	1	

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SECTION III EQUIPMENT ALLOWANCE

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PARA LIN	ERC	PLIER	MULTI-	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT	
					REQ	AUTH	LINE	TOTAL	REQ	AUTH
301	C89145	8		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	13	13	13	13		
301	C89213	8		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	13	13	13	13		
301	E00533	8		CHARGER RADIAC DETECTOR: PP-1578/PD	2	2	2	2		
301	E98103	8		ELEC TRANSFER KEYING DEVICE ETKD: KYK-13/TSEC	1	1	1	1		
301	G02204	8		DETECTING SET MINE: PTBL METALLIC (AN/PSS-11)	1	1	1	1		
301	G02341	8		DETECTING SET MINE: PTBL METALLIC (AN/PSS-11)	0	0	0	0		
301	G21472	8		DISPENSING PUMP: HAND DRIVEN HOSE-NOZZLE DISCHARGE ADJUST RANG	1	1	1	1		
301	J31622	8		INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	2	2	2	2		
301	J45699	8		GEN ST GAS ENG: 3KW 60HZ 1-3PH 120/240 120/208V SKD TAC UTILITY	1	1	1	1		
301	J48062	8		INSTALLATION KIT: MK-2449/VRC F/AN/VRC-46 IN CUCV M1009	2	2	2	2		
301	J48402	8		INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	2	2	2	2		
301	J48470	8		INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	1	1	1	1		
301	J48674	8		INSTALLATION KIT: MK-2506/VRC F/AN/VRC-106 OR AN/VRC-46	1	1	1	1		
301	J71543	8		INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	5	5	5	5		
301	J88275	8		INSTL KIT ELEC EQUIP: MK-2418/VRC F/AN/VRC-46/64 OR AN/GRC-160	2	2	2	2		
301	J88343	8		INSTALLATION KIT ELEC EQUIP: MK-2419/VRC F/AN/VRC-47 IN M1009	1	1	1	1		
301	J88411	8		INSTL KIT ELECTR EQUIP: MK-2423/GRC F/AN/GRC-106 OR AN/GRC-106	1	1	1	1		
301	K87449	8		INSTALLATION KIT: MK-1810/VRC-47 F/AN/VRC-47 IN M882 OR M892	0	0	0	0		
301	K87454	8		INSTALLATION KIT: MK-1815/VRC-106 F/AN/GRC-106 IN M882 OR M892	0	0	0	0		
301	K87456	8		INSTL KIT: MK-1817/GRC F/AN/VRC-46/53/64 GRC-125/160 IN M882/MB	0	0	0	0		
301	M11895	4		MASK CBR: PROTECTIVE FIELD	64	64	64	60		
301	M27047	8		MULTIPLEXER: TD-1288()/GRC	2	2	2	2		
301	M60449	8		MULTIMETER DIGITAL: AN/PSM-45	1	1	1	1		
301	N02758	8		NET CONTROL DEVICE NCD: KYK-15/TSEC	1	1	1	1		
301	P40745	8		POWER SUPPLY: PP-4763/GRC	2	2	2	2		
301	P40750	8		POWER SUPPLY: PP-6224/U	5	5	5	5		
301	P98152	8		PISTOL 9MM AUTOMATIC: XM9	2	2	2	2		
301	Q20935	8		RADIACMETER: IM-93/UD	1	1	1	1		
301	Q32756	8		RADIO SET: AN/GRC-106	2	2	2	2		
301	Q53001	8		RADIO SET: AN/VRC-46	1	1	1	1		
301	Q54174	8		RADIO SET: AN/VRC-47	2	2	2	2		
301	Q78282	8		RADIO SET CONTROL GROUP: AN/GRA-39	1	1	1	1		
301	R30662	8		RECEIVER-TRANSMITTER CONTROL GROUP: AN/GRA-6	1	1	1	1		
301	R30925	8		DELETED	0	0	0	0		
301	R59023	8		REELING MACHINE CABLE HAND: RL-31	1	1	1	1		
301	R93169	8		RADIO TEST SET: AN/PRM-34(1)	1	1	1	1		
301	R95035	8		RIFLE 5.56 MILLIMETER: M16A2	59	59	59	55		
301	S01373	8		SPEECH SECURITY EQUIPMENT: TSEC/KY-97	4	4	4	4		

SECTION III EQUIPMENT ALLOWANCE

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PARA LIN	MULTI- ERC PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		RMKS
			LINE TOTAL	REQ	LINE TOTAL	REQ	NET CHANGE	AUTH	
301	T05028	A	1	1	1	1			
301	T25726	B	2	2	2	2			
301	T40403	B	1	1	1	1			
301	T59346	B	1	1	1	1			
301	J81707	B	1	1	1	1			
301	V31211	B	2	2	2	2			
301	V98788	B	4	4	4	4			
301	W34648	B	1	1	1	1			
301	W37483	B	1	1	1	1			
301	W51910	B	1	1	1	1			
301	W60351	B	4	4	4	4			
301	W69528	B	1	1	1	1			
301	W95537	B	1	1	1	1			
301	W95811	B	1	1	1	1			
301	W98825	B	1	1	1	1			
301	X40794	B	1	1	1	1			
301	Z05104	B	1	1	1	1			
302	A32355	B	1	1	1	1			
302	A79381	B	1	1	1	1			
302	B48518	B	1	1	1	1			
302	C62375	B	4	4	4	4			
302	C68719	B	1	1	1	1			
302	C89145	B	1	1	1	1			
302	C89213	B	1	1	1	1			
302	E00537	B	1	1	1	1			
302	J35813	A	2	2	2	2			
302	J35825	A	1	1	1	1			
302	J48402	B	2	2	2	2			+2
302	J71543	B	2	2	2	2			
302	K87456	B	0	0	0	0			-2
302	L63994	B	2	2	2	2			
302	L64131	B	1	1	1	1			
302	M23471	A	1	1	1	1			
302	M23673	A	5	5	5	5			
302	M25865	A	3	3	3	3			
302	M27047	B	1	1	1	1			
TREATMENT PLT HQ									
ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1									
ANTENNA GROUP: OE-254(1)/GRC									
BOOK SET MEDICAL TEXT NO 1:									
BATTERY CASE: Z-AIJ-E1									
CABLE TELEPHONE: WD-1/TT DR-8 1/2 KM									
CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY									
CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE									
CHARGER RADIAC DETECTOR: PP-1578/PO									
GEN ST DSL ENG: 5KW 60HZ 1-3PH AC 120/208 120/240V TAC UTIL									
GEN ST DSL ENG: 10KW 60HZ 1-3PH AC 120/208 120/240V TAC UTIL									
INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/VRC-160									
INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46									
INSTL KIT: MK-1817/GRC F/AN/VRC-46/53/64 GRC-125/160 IN M882/M8									
LIGHT SET GENERAL ILLUMINATION: 25 OUTLET (ARMY)									
LIGHT SET MARKER EMERGENCY: AIR FIELD RUN WAY PTBL BATTERY OPR									
MEDICAL EQUIPMENT SET CLEARING STATION:									
MEDICAL EQUIPMENT SET CHEMICAL AGENT PATIENT TREATMENT:									
MEDICAL EQUIPMENT SET CHEMICAL AGENTS PATIENT DECONTAMINATION:									
MULTIPLEXER: TD-1288(1)/GRC									

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SECTION III EQUIPMENT ALLOWANCE

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PARA	LIN	ERC	MULTI- PLIER	NOMENCLATURE	SUB-UNIT LINE TOTAL REQ	SUB-UNIT AUTH	PARENT-UNIT LINE TOTAL REQ	PARENT-UNIT AUTH	PARENT-UNIT NET CHANGE REQ	RMKS
302	P40750	B		POWER SUPPLY: PP-6224/U	2	2	2	2		
302	Q19339	B		RADIAC SET: AN/PDR-27	1	1	1	1		
302	Q20935	B		RADIAC SET: IM-93/UD	1	1	1	1		
302	Q21483	B		RADIAC SET: IM-174/PD	1	1	1	1		
302	Q53001	B		RADIO SET: AN/VRC-46	2	2	2	2		
302	Q78282	E		RADIO SET CONTROL GROUP: AN/GRA-39	2	2	2	2		
302	R30925	B		DELETED	0	0	0	0	-1	1
302	R59160	B		REELING MACHINE CABLE HAND: RL-39	1	1	1	1		
302	R61571	A		REFRIGERATOR MECH BIOLOGICAL: WHOLE BLD PTBL FLD 110 V 60 CY A	1	1	1	1		
302	SC1373	B		SPEECH SECURITY EQUIPMENT: TSEC/KY-57	2	2	2	2		
302	T59346	A		TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/COMM KIT	1	1	1	1		
302	T60464	A		SINK UNIT SURGICAL SCRUB AND UTENSIL HOSPITAL FIELD: 110V 60C	2	2	2	2		
302	V31211	B		TELEPHONE SET: TA-312/PT	1	1	1	1		
302	V98788	B		POWER SUPPLY VEHICLE: HYP-57/TSEC	2	2	2	2		
302	W60351	B		WIRELINE ADAPTER: HX-57/TSEC	4	4	4	4		
302	W95811	B		TRAILER CARGO: 1-1/2 TON 2 WHEEL W/E	2	2	2	2		
302	W98825	E		TRAILER TANK: WATER 400 GALLON 1-1/2 TON 2 WHEEL W/E	1	1	1	1		
302	X40009	E		TRUCK CARGO: 2-1/2 TON 6X6 W/E	3	3	3	3		
303	A22355	B		TREATMENT SQUAD (2)	4	4	4	4		
303	B42518	A		ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK MBA1	2	2	2	2		
303	C62375	B		BOOK SET MEDICAL TEXT NO 1:	6	6	6	6		
303	C68719	B		BATTERY CASE: 2-AIU-E1	1	1	1	1		
303	C89145	B		CABLE TELEPHONE: WD-1/TT DR-B 1/2 KM	8	8	8	8		
303	C89213	B		CAMOUFLAGE SCREEN SYSTEM WOODLAND LT WT RADAR SCAT W/D SPT SY	8	8	8	8		
303	D86072	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM WOODLAND/DESERT PLASTIC POLE	4	4	4	4		
303	J31622	B		DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC OR DC	2	2	2	2		
303	J48402	B		INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	2	2	2	2		
303	J48470	B		INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	2	2	2	2		
303	J71543	B		INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	2	2	2	2		
303	J71679	B		INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	2	2	2	2		
303	M52274	A		INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	2	2	2	2		
303	N04456	B		MES BATTALION AID STATION:	2	2	2	2		
303	Q19339	B		NIGHT VISION GOGGLES: AN/PVS-5	4	4	4	4		
303	Q20935	B		RADIAC SET: AN/PDR-27	4	4	4	4		
303	Q21483	B		RADIAC SET: IM-93/UD	4	4	4	4		
303	Q34308	B		RADIAC SET: IM-174/PD	4	4	4	4		
303	Q34308	B		RADIO SET: AN/GRC-160	2	2	2	2		

PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT	
				REQ	AUTH	LINE TOTAL	REQ	LINE TOTAL	NET CHANGE
303	054174	B	RADIO SET: AN/VRC-47	2	2	2	2	2	
303	078282	B	RADIO SET CONTROL GROUP: AN/GRA-39	2	2	2	2	2	
303	059160	B	REELING MACHINE CABLE HAND: RL-39	1	1	1	1	1	
303	051373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	6	6	6	6	6	
303	061494	A	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	4	4	4	4	4	
303	031211	B	TELEPHONE SET: TA-312/PT	2	2	2	2	2	
303	098788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	6	6	6	6	6	
303	060351	B	WIRELINE ADAPTER: HX-57/TSEC	4	4	4	4	4	
303	095537	B	TRAILER CARGO: 3/4 TON 2 WHEEL W/E	2	2	2	2	2	
304			AREA SUPPORT SQUAD						
304	089145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	7	7	7	7	7	
304	089213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	7	7	7	7	7	
304	039478	A	DES DENTAL X-RAY FIELD:	1	1	1	1	1	
304	095480	A	DENTAL EQUIPMENT SET OPERATORY FIELD LIGHTWEIGHT:	1	1	1	1	1	+1
304	095504	A	DENTAL INSTRUMENT AND SUPPLY SET EMERGENCY TREATMENT FIELD:	1	1	1	1	1	
304	029159	A	MEDICAL EQUIPMENT SET LABORATORY FIELD LIGHTWEIGHT:	1	1	1	1	1	
304	045613	A	MEDICAL EQUIPMENT SET X-RAY FIELD LIGHTWEIGHT:	1	1	1	1	1	
304	019377	A	OPERATING AND TREATMENT UNIT DENTAL FIELD:	1	1	1	1	1	+1
304	020798	B	RADIOMETER: IM-9/PO	2	2	2	2	2	
304	031211	B	TELEPHONE SET: TA-312/PT	1	1	1	1	1	
304	037050	A	X-RAY APPARATUS FIELD DENTAL:	1	1	1	1	1	
304	221044		DELETED	0	0	0	0	0	-1
304	247327		DELETED	0	0	0	0	0	-1
305			TREATMENT SQUAD						
305	032355	B	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	2	2	2	2	2	
305	048518	A	BOOK SET MEDICAL TEXT NO 1:	1	1	1	1	1	
305	062375	B	BATTERY CASE: Z-AIJ-E1	3	3	3	3	3	
305	068719	B	CABLE TELEPHONE: WD-1/TT OR-8 1/2 KM	1	1	1	1	1	
305	089145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	4	4	4	4	4	
305	089213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	4	4	4	4	4	
305	086072	B	DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC OR DC	2	2	2	2	2	
305	031622	B	INSTL KIT: MK-1267/VRC F/KY-57/W AUXILIARY RECEIVER R442	1	1	1	1	1	
305	048402	B	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	1	1	1	1	1	
305	048470	B	INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	1	1	1	1	1	
305	071543	B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	1	1	1	1	1	
305	071679	B	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	1	1	1	1	1	

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PARA LIN	MULTI- ERC PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		RMKS
			LINE TOTAL REQ AUTH	REQ AUTH	LINE TOTAL REQ AUTH	NET CHANGE REQ AUTH			
305	K87449 B	INSTALLATION KIT: MK-1810/VRC-47 F/AN/VRC-47 IN M882 OR M892	0	0	0	0	-1	-1	
305	M52274 A	MES BATTALION AID STATION:	1	1	1	1			
305	N04456 B	NIGHT VISION GOGGLES: AN/PVS-5	2	2	2	2			
305	Q20935 B	RADIOMETER: IM-93/UD	2	2	2	2			
305	Q34308 B	RADIO SET: AN/GRC-160	1	1	1	1			
305	Q54174 B	RADIO SET: AN/VRC-47	1	1	1	1			
305	Q78282 B	RADIO SET CONTROL GROUP: AN/GRA-39	1	1	1	1			
305	R59160 B	REELING MACHINE CABLE HAND: RL-39	1	1	1	1			
305	S01373 B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	3	3	3	3			
305	T61494 A	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMVV)	2	2	2	2			
305	V31211 B	TELEPHONE SET: TA-312/PT	1	1	1	1			
305	V98788 B	POWER SUPPLY VEHICLE: HYP-57/TSEC	3	3	3	3			
305	W60351 B	WIRELINE ADAPTER: HYX-57/TSEC	2	2	2	2			
305	W95537 B	TRAILER CARGO: 3/4 TON 2 WHEEL W/E	2	2	2	2			
306	C89145 B	PATIENT HOLDING SOUA	10	10	10	10			
306	C89213 B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	10	10	10	10			
306	D86072 A	CAML FLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	1	1	1	1			
306	M29633 A	DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC OP DC	2	2	2	2			
306	T61494 B	MEDICAL EQUIPMENT SET PATIENT HOLDING SQUAD FIELD LIGHTWEIGHT:	2	2	2	2			
306	V31211 B	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMVV)	1	1	1	1			
306	V31211 B	TELEPHONE SET: TA-312/PT	1	1	1	1			
307	A32355 B	AMBULANCE PLT MO	1	1	1	1			
307	A79381 B	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	1	1	1	1			
307	C82375 B	ANTENNA GROUP: OF-254(1)/GRC	2	2	2	2			
307	C88719 B	BATTERY CASE: Z-A1J-E1	1	1	1	1			
307	C89145 B	CABLE TELEPHONE: WD-1/TT DR-8 1/2 KM	4	4	4	4			
307	C89213 B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	4	4	4	4			
307	E00533 B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	1	1	1	1			
307	J31822 B	CHARGER RADIAC DETECTOR: PP-1578/PD	1	1	1	1			
307	J71543 B	INSTL KIT: MK-1987/VRC F/KY-57 W/AUXILIARY RECEIVER R442	1	1	1	1			
307	J88343 B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	1	1	1	1			
307	P40750 B	INSTALLATION KIT ELEC EQUIP: MK-2419/VRC F/AN/VRC-47 IN M1009	1	1	1	1			
307	Q19339 B	POWER SUPPLY: PP-6224/U	1	1	1	1			
307	Q20935 B	RADIAC SET: AN/PDR-27	1	1	1	1			
307	Q21483 B	RADIOMETER: IM-93/UD	1	1	1	1			
307	Q21483 B	RADIOMETER: IM-174/PD	1	1	1	1			

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SECTION III EQUIPMENT ALLOWANCE

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PARA LIN	MULTI- ERC PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		RMKS
			REQ	AUTH	LINE TOTAL	AUTH	REQ	AUTH	
307	Q54174	B	RADIO SET: AN/VRC-47	1	1	1	1	1	
307	Q78282	B	RADIO SET CONTROL GROUP: AN/GRA-39	1	1	1	1	1	
307	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	2	2	2	2	2	
307	T05028	A	TRUCK UTILITY: TACTICAL 3/4 TON W/E M1009	1	1	1	1	1	
307	V31211	B	TELEPHONE SET: TA-312/PT	1	1	1	1	1	
307	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	2	2	2	2	2	
307	W60351	B	WIRELINE ADAPTER: HX-57/TSEC	2	2	2	2	2	
308			AMBULANCE SQUADS (4)						
308	C62375	B	BATTERY CASE: Z-AIJ-E1	8	8	8	8	8	
308	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	8	8	8	8	8	
308	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	8	8	8	8	8	
308	J48402	B	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 O/AN/GRC-160	8	8	8	8	8	
308	J71679	B	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	8	8	8	8	8	
308	M10936	A	MASK: PROTECTIVE TANK	16	16	16	16	16	
308	M26413	A	MEDICAL EQUIPMENT SET GROUND AMBULANCE:	9	9	9	9	9	
308	M04456	B	NIGHT VISION GOGGLES: AN/PVS-5	8	8	8	8	8	
308	O19339	B	RADIAC SET: AN/PDR-27	8	8	8	8	8	
308	Q20935	B	RADIACMETER: IM-93/UD	8	8	8	8	8	
308	Q21483	B	RADIACMETER: IM-174/PD	8	8	8	8	8	
308	Q34308	B	RADIO SET: AN/GRC-160	8	8	8	8	8	
308	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	8	8	8	8	8	
308	T38707	P	TRUCK AMBULANCE: 2 LITTER ARMO 4X4 W/E (HMMVV)	8	8	8	8	8	
308	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	8	8	8	8	8	
400		1	FWD SPT MEDICAL CO (ABN) S08067H300						
401			COMPANY HEADQUARTERS						
401	A32355	B	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	1	1	1	1	1	
401	A79381	B	ANTENNA GROUP: OE-254(J)/GRC	2	2	2	2	2	
401	B14181	B	BAG CARGO AERIAL DELIVERY: COTTON DUCK COLLAPSIBLE SQUARE OD	6	6	6	6	6	
401	B67768	B	BINDOCULAR: MODULAR CONSTRUCTION MIL SCALE RETICLE 7X50MM W/E	1	1	1	1	1	
401	C05701	B	CHEMICAL AGENT MONITOR: (CAM)	0	0	0	0	0	
401	C52382	B	CRYPTOGRAPHIC SPEECH EQUIP: TSEC/KY-65	1	1	1	1	1	
401	C62375	B	BATTERY CASE: Z-AIJ-E1	4	4	4	4	4	
401	C68856	B	CABLE TELEPHONE: WD-1/TT RL-159/U 2 KM	1	1	1	1	1	
401	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	13	13	13	13	13	
401	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	13	13	13	13	13	
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PARA LIN	MULTI- ERC PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT	
			LINE TOTAL	AUTH	LINE TOTAL	AUTH	REQ	NET CHANGE
401	EO0533	CHARGER .RADIAC DETECTOR: PP-1578/PD	2	2	2	2		
401	E98103	ELEC TRANSFER KEYING DEVICE ETKD: KYK-13/TSEC	1	1	1	1		
401	GO2204	DETECTING SET MINE: PTBL METALLIC AND NON METALLIC	0	0	0	0		
401	GO2341	DETECTING SET MINE: PTBL METALLIC (AN/PSS-11)	1	1	1	1		
401	G21472	DISPENSING PUMP: HAND DRIVEN HOSE-NOZZLE DISCHARGE ADJUST RANG	1	1	1	1		
401	J31622	INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	2	2	2	2		
401	J45699	GEN ST GAS ENG: 3KW 60HZ 1-3PH 120/240 120/208V SKD TAC UTILIT	1	1	1	1		
401	J48062	INSTALLATION KIT: MK-2449/VRC F/AN/VRC-46 IN CUCV M1009	2	2	2	2		
401	J48402	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/VRC-160	2	2	2	2		
401	J48470	INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	1	1	1	1		
401	J48674	INSTALLATION KIT: MK-2506/VRC F/AN/VRC-106 UR AN/VRC-106A	1	1	1	1		
401	J71543	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	5	5	5	5		
401	J82275	INSTL KIT ELEC EQUIP: MK-2418/VRC F/AN/VRC-46/64 OR AN/VRC-160	2	2	2	2		
401	J88341	INSTALLATION KIT ELEC EQUIP: MK-2419/VRC F/AN/VRC-47 IN M1009	1	1	1	1		
401	K87449	INSTL KIT ELECT EQUIP: MK-2422/VRC F/AN/VRC-106 OR AN/VRC-106	1	1	1	1		
401	K87454	INSTALLATION KIT: MK-1810/VRC-47 F/AN/VRC-47 IN M882 OR M892	0	0	0	0		
401	K87456	INSTALLATION KIT: MK-1815/VRC-106 F/AN/VRC-106 IN M882 OR M892	0	0	0	0		
401	M11895	INSTL KIT: MK-1817/VRC F/AN/VRC-46/53/64 GRC-125/160 IN M882/M8	0	0	0	0		
401	M27047	MASK CBR: PROTECTIVE FIELD	64	60	64	60		
401	M60449	MULTIPLEXER: TD-1288()/GRC	2	2	2	2		
401	M60458	MULTIMETER DIGITAL: AN/PSM-45	1	1	1	1		
401	M02758	NET CONTROL DEVICE NCD: KYX-15/TSEC	1	1	1	1		
401	P40745	POWER SUPPLY: PP-4763/GRC	1	1	1	1		
401	P40750	POWER SUPPLY: PP-6224/U	2	2	2	2		
401	P98152	PISTOL 9MM AUTOMATIC: XM9	5	5	5	5		
401	O20935	RADIACMETER: IM-93/UD	2	2	2	2		
401	O32756	RADIO SET: AN/VRC-106	1	1	1	1		
401	O53001	RADIO SET: AN/VRC-46	2	2	2	2		
401	O54174	RADIO SET: AN/VRC-47	1	1	1	1		
401	O78282	RADIO SET CONTROL GROUP: AN/GRA-39	2	2	2	2		
401	R30682	RECEIVER-TRANSMITTER CONTROL GROUP: AN/GRA-6	1	1	1	1		
401	R30925	DELETED	0	0	0	0		
401	R59023	REELING MACHINE CABLE HAND: RL-31	1	1	1	1		
401	R93169	RADIO TEST SET: AN/PRM-34()	1	1	1	1		
401	R95035	RIFLE 5.56 MILLIMETER: M16A2	55	55	55	55		
401	S01373	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	4	4	4	4		
401	T05028	TRUCK UTILITY: TACTICAL 3/4 TON W/E M1009	1	1	1	1		
401	T2-26	TONE-SIGNALING ADAPTER: TA-977()/PT	2	2	2	2		

PARA LIN	ERC	PLIER	MULTI-	NOMENCLATURE	SUB-UNIT LINE TOTAL REQ AUTH	PARENT-UNIT LINE TOTAL REQ AUTH	PARENT-UNIT NET CHANGE REQ AUTH	RMKS
401	T40405	B		TAPE READER GENERAL PURPOSE: KOI-18/TSEC	1	1		
401	T59346	B		TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/COMMO KIT	1	1		
401	U81707	B		SWITCHBOARD TELEPHONE MANUAL: SB-22/PT	1	1		
401	V31211	B		TELEPHONE SET: TA-312/PT	2	2		
401	V98788	B		POWER SUPPLY VEHICLE: HYP-57/TSEC	4	4		
401	V34648	B		TOOL KIT CARPENTERS: ENGINEER SQUAD W/CHEST	1	1		
401	V37483	B		TOOL KIT ELECTRIC EQUIPMENT: TK-101/GSO	1	1		
401	V51910	B		TOOL KIT SMALL ARMS REPAIRMAN: ORDNANCE	1	1		
401	W60351	B		WIRELINE ADAPTER: HX-57/TSEC	4	4		
401	W69528	B		TOWBAR MOTOR VEHICLE: WHEELED VEHICLE	1	1		
401	W95537	B		TRAILER CARGO: 3/4 TON 2 WHEEL W/E	1	1		
401	W95811	B		TRAILER CARGO: 1-1/2 TON 2 WHEEL W/E	1	1		
401	W98825	B		TRAILER TANK: WATER 400 GALLON 1-1/2 TON 2 WHEEL W/E	1	1		
401	X40794	B		TRUCK CARGO: DROP SIDE 5 TON 6X6 W/E	1	1		
401	Z05104	B		ANTENNA GROUP: OE-314/GRC LOG PERIODIC	1	1		
402				TREATMENT PLT HQ	1	1		
402	A32355	B		ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK MBA1	1	1		
402	A79381	B		ANTENNA GROUP: OE-254(1)/GRC	1	1		
402	B48518	B		BOOK SET MEDICAL TEXT NO 1:	1	1		
402	C62375	B		BATTERY CASE: Z-AIU-E1	4	4		
402	C68719	B		CABLE TELEPHONE: WD-1/TT DR-B 1/2 KM	1	1		
402	C89145	B		CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	11	11		
402	C89213	B		CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	11	11		
402	E00533	B		CHARGER RADIAC DETECTOR: PP-1578/PO	1	1		
402	J35813	A		GEN ST OSL ENG: 5KW 60HZ 1-3PH AC 120/208 120/240V TAC UTIL	2	2		
402	J35825	A		GEN ST OSL ENG: 10KW 60HZ 1-3PH AC 120/208 120/240V TAC UTIL	1	1		
402	J48402	B		INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/VRC-160	2	2		
402	J71543	B		INSTL KIT: MK-2147/VRC F/AN/VRC-57 W/AN/VRC-43 OR AN/VRC-46	2	2		
402	K87456	B		INSTL KIT: MK-1817/GRC F/AN/VRC-46/53/64 GRC-125/160 IN M882/M3	0	0	+2	
402	L63994	B		LIGHT SET GENERAL ILLUMINATION: 25 OUTLET (ARMY)	2	2	-2	
402	L64131	B		LIGHT SET MARKER EMERGENCY: AIR FIELD RUN WAY PTBL BATTERY OPR	1	1		
402	M23471	A		MEDICAL EQUIPMENT SET CLEARING STATION:	1	1		
402	M23673	A		MEDICAL EQUIPMENT SET CHEMICAL AGENT PATIENT TREATMENT:	5	5		
402	M25865	A		MEDICAL EQUIPMENT SET CHEMICAL AGENTS PATIENT DECONTAMINATION:	3	3		
402	M27047	B		MULTIPLEXER: TD-1288()/GRC	1	1		
402	P40750	B		POWER SUPPLY: PP-6224/U	2	2		
402	O19339	B		RADIAC SET: AN/PDR-27	1	1		

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PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		RMKS
				LINE	TOTAL	REQ	AUTH	LINE	TOTAL	
402	Q20935	B	RADIACMETER: IM-93/UD	1	1	1	1	1	1	
402	Q21483	B	RADIACMETER: IM-174/PD	1	1	1	1	1	1	
402	Q53001	B	RADIO SET: AN/VRC-46	2	2	2	2	2	2	
402	C/8'82	B	RADIO SET CONTROL GROUP: AN/GRA-39	2	2	2	2	2	2	
402	R30925	B	DELETED	0	0	0	0	0	0	-1
402	R59160	B	REELING MACHINE CABLE HAND: RL-39	1	1	1	1	1	1	
402	R61571	A	REFRIGERATOR MECH BIOLOGICAL: WHOLE BLD PTBL FLD 110 V 60 CY A	1	1	1	1	1	1	
402	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	2	2	2	2	2	2	
402	T59346	A	TRUCK CARGO: TACTICAL 5/4 TON 4X4 W/COMMO KIT	1	1	1	1	1	1	
402	T60464	A	SINK UNIT SURGICAL SCRUB AND UTENSIL HOSPITAL FIELD: 110V 60C	2	2	2	2	2	2	
402	V31211	B	TELEPHONE SET: TA-312/PT	1	1	1	1	1	1	
402	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	2	2	2	2	2	2	
402	W60351	B	WIRELINE ADAPTER: HXK-57/TSEC	4	4	4	4	4	4	
402	W95811	B	TRAILER CARGO: 1-1/2 TON 2 WHEEL W/E	2	2	2	2	2	2	
402	W98825	B	TRAILER TANK: WATER 400 GALLON 1-1/2 TON 2 WHEEL W/E	1	1	1	1	1	1	
402	X40009	B	TRUCK CARGO: 2-1/2 TON 6X6 W/E	3	3	3	3	3	3	
403	A32355	B	TREATMENT SQUAD (2)	4	4	4	4	4	4	
403	B48518	A	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	2	2	2	2	2	2	
403	C62375	B	BOG: SET MEDICAL TEXT NO 1:	5	5	5	5	5	5	
403	C68719	B	BATTERY CASE: 2-A1J-E1	1	1	1	1	1	1	
403	C89145	B	CABLE TELEPHONE: WD-1/TT DR-8 1/2 KM	8	8	8	8	8	8	
403	C89213	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	8	8	8	8	8	8	
403	D86072	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	4	4	4	4	4	4	
403	J31622	B	DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC OR DC	2	2	2	2	2	2	
403	J48402	B	INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	2	2	2	2	2	2	
403	J48470	B	INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	2	2	2	2	2	2	
403	J71543	B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	2	2	2	2	2	2	
403	J71679	B	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	2	2	2	2	2	2	
403	M52274	A	MES BATTALION AID STATION	2	2	2	2	2	2	
403	N04456	B	NIGHT VISION GOGGLES: AN/PVS-5	4	4	4	4	4	4	
403	O19330	B	RADIAC SET: AN/PDR-27	4	4	4	4	4	4	
403	Q20935	B	RADIACMETER: IM-93/UD	4	4	4	4	4	4	
403	Q21483	B	RADIACMETER: IM-174/PD	4	4	4	4	4	4	
403	Q34308	B	RADIO SET: AN/GRC-160	2	2	2	2	2	2	
403	Q54174	B	RADIO SET: AN/VRC-47	2	2	2	2	2	2	
403	Q78282	B	RADIO SET CONTROL GROUP: AN/GRA-39	2	2	2	2	2	2	

PARA LIN	ERC	MULTI-PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT	
				LINE TOTAL	REQ	LINE TOTAL	REQ	NET CHANGE	RMKS
403	R59160	B	REELING MACHINE CABLE HAND: RL-39	1	1	1	1		
403	SO1373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	6	6	6	6		
403	T61494	A	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	4	4	4	4		
403	V31211	B	TELEPHONE SET: TA-312/PT	2	2	2	2		
403	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	6	6	6	6		
403	W60351	B	WIRELINE ADAPTER: HX-57/TSEC	4	4	4	4		
403	W95537	B	TRAILER CARGO: 3/4 TON 2 WHEEL W/E	2	2	2	2		
404			AREA SUPPORT SQUAD						
404	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	7	7	7	7		
404	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	7	7	7	7		
404	D39478	A	DES DENTAL X-RAY FIELD:	1	1	1	1		
404	D95480	A	DENTAL EQUIPMENT SET OPERATORY FIELD LIGHTWEIGHT:	1	1	1	1		
404	F95504	A	DENTAL INSTRUMENT AND SUPPLY SET EMERGENCY TREATMENT FIELD:	1	1	1	1		
404	M29159	A	MEDICAL EQUIPMENT SET LABORATORY FIELD LIGHTWEIGHT:	1	1	1	1		
404	M45613	A	MEDICAL EQUIPMENT SET X-RAY FIELD LIGHTWEIGHT:	1	1	1	1		
404	P19377	A	OPERATING AND TREATMENT UNIT DENTAL FIELD:	1	1	1	1		
404	O20798	B	RADIOMETER: IM-9/PO	2	2	2	2		
404	V31211	B	TELEPHONE SET: TA-312/PT	1	1	1	1		
404	X37050	A	X-RAY APPARATUS FIELD DENTAL:	1	1	1	1		
404	Z21044	A	DELETED	0	0	0	0		
404	Z47327		DELETED	0	0	0	0		
405			TREATMENT SQUAD						
405	A32755	B	ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK M8A1	2	2	2	2		
405	B48518	A	BOOK SET MEDICAL TEXT NO 1:	1	1	1	1		
405	C62375	B	BATTERY CASE: Z-A1J-E1	3	3	3	3		
405	C68719	B	CABLE TELEPHONE: WD-1/TT OR-8 1/2 KM	1	1	1	1		
405	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	4	4	4	4		
405	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	4	4	4	4		
405	D86072	B	DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC OR DC	2	2	2	2		
405	J31622	B	INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	1	1	1	1		
405	J48402	B	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	1	1	1	1		
405	J48470	B	INSTALLATION KIT: MK-2503/VRC F/AN/VRC-47/VRC-12	1	1	1	1		
405	J71543	B	INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	1	1	1	1		
405	J71679	B	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	1	1	1	1		
405	K87449	B	INSTALLATION KIT: MK-1810/VRC-47 F/AN/VRC-47 IN M882 OR M892	0	0	0	0		
405	M52274	A	MES BATTALION AID STATION:	1	1	1	1		

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PARA LIN	MULTI- ERC PLIER	NOMENCLATURE	SUB-UNIT		PARENT-UNIT		PARENT-UNIT		RMKS
			LINE	REQ	LINE	REQ	NET CHANGE	REQ	
405	N04456	B NIGHT VISION GOGGLES: AN/PVS-5	2	2	2	2			
405	Q20935	B RADIACMETER: IM-93/UD	2	2	2	2			
405	Q34308	B RADIO SET: AN/GRC-160	1	1	1	1			
405	Q54174	B RADIO SET: AN/VRC-47	1	1	1	1			
405	Q78282	B RADIO SET CONTROL GROUP: AN/GRA-39	1	1	1	1			
405	R59160	B REELING MACHINE CABLE HAND: RL-39	1	1	1	1			
405	S01373	B SPEECH SECURITY EQUIPMENT: TSEC/KY-57	3	3	3	3			
405	T61494	A TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	2	2	2	2			
405	V31211	B TELEPHONE SET: TA-312/PT	1	1	1	1			
405	V98788	B POWER SUPPLY VEHICLE: HYP-57/TSEC	3	3	3	3			
405	W60751	B WIRELINE ADAPTER: HXV-57/TSEC	2	2	2	2			
405	W95537	B TRAILER CARGO: 3/4 TON 2 WHEEL W/E	2	2	2	2			
406	C89145	B PATIENT HOLDING SQUAD	10	10	10	10			
406	C89213	B CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/D SPT SY	10	10	10	10			
406	D86072	A CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	1	1	1	1			
406	M29533	A DEFIBRILLATOR MONITOR RECORDER: 120/230V 50/60HZ AC OR DC	1	1	1	1			
406	T61494	B MEDICAL EQUIPMENT SET PATIENT HOLDING SQUAD FIELD LIGHTWEIGHT:	2	2	2	2			
406	V31211	B TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	2	2	2	2			
406	V31211	B TELEPHONE SET: TA-312/PT	1	1	1	1			
407	A32355	B AMBULANCE PLT HQ	1	1	1	1			
407	A79381	B ALARM CHEMICAL AGENT AUTOMATIC: PORTABLE MANPACK MBA1	1	1	1	1			
407	C62375	B ANTENNA GROUP: OE-254(1)/GRC	1	1	1	1			
407	C68719	B BATTERY CASE: Z-AIU-E1	2	2	2	2			
407	C89145	B CABLE TELEPHONE: WD-1/TT DR-8 1/2 KM	1	1	1	1			
407	C89213	B CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/D SPT SY	4	4	4	4			
407	E00533	B CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	4	4	4	4			
407	J31622	B CHARGER RADIAC DETECTOR: PP-157B/PD	1	1	1	1			
407	J71543	B INSTL KIT: MK-1967/VRC F/KY-57/W AUXILIARY RECEIVER R442	1	1	1	1			
407	J88343	B INSTL KIT: MK-2147/VRC F/KY-57 W/AN/VRC-43 OR AN/VRC-46	1	1	1	1			
407	P40750	B INSTALLATION KIT ELEC EQUIP: MK-2419/VRC F/AN/VRC-47 IN M1009	1	1	1	1			
407	P40750	B POWER SUPPLY: PP-6224/U	1	1	1	1			
407	P40750	B RADIAC SET: AN/PDR-27	1	1	1	1			
407	Q20935	B RADIACMETER: IM-93/UD	1	1	1	1			
407	Q21483	B RADIACMETER: IM-174/PD	1	1	1	1			
407	Q54174	B RADIO SET: AN/VRC-47	1	1	1	1			
407	Q78282	B RADIO SET CONTROL GROUP: AN/GRA-39	1	1	1	1			

PARA LIN	ERC	MULTI- PLIER	NOMENCLATURE	SUB-UNIT LINE TOTAL REQ AUTH	PARENT-UNIT LINE TOTAL REQ AUTH	PARENT-UNIT NET CHANGE REQ AUTH	RMKS
407	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	2	2		
407	T05028	A	TRUCK UTILITY: TACTICAL 3/4 TON W/E M1009	1	1		
407	V31211	B	TELEPHONE SET: TA-312/PT	1	1		
407	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	2	2		
407	W60351	B	WIRELINE ADAPTER: HYP-57/TSEC	2	2		
408			AMBULANCE SQUADS (4)				
408	C62375	B	BATTERY CASE: Z-AIJ-E1	8	8		
408	C89145	B	CAMOUFLAGE SCREEN SYSTEM: WOODLAND LT WT RADAR SCAT W/O SPT SY	8	8		
408	C89213	B	CAMOUFLAGE SCREEN SUPPORT SYSTEM: WOODLAND/DESERT PLASTIC POLE	8	8		
408	J48402	B	INSTALLATION KIT: MK-2502/VRC F/AN/VRC-46/64 OR AN/GRC-160	16	16		
408	J71679	B	INSTL KIT: MK-2149/VRC F/KY-57 W/AN/VRC-64 OR AN/GRC-160	8	8		
408	K87456	B	INSTL KIT: MK-1817/GRC F/AN/VRC-46/53/64 GRC-125/160 IN W882/M8	0	0		
408	M10936	A	MASK: PROTECTIVE TANK	16	16		
408	M26413	A	MEDICAL EQUIPMENT SET GROUND AMBULANCE:				
408	N04450	B	NIGHT VISION GOGGLES: AN/PVS-5	8	8		
408	O19339	B	RADIO SET: AN/POR-27	8	8		
408	O20935	B	RADIOMETER: IM-93/UD	8	8		
408	O21483	B	RADIOMETER: IM-174/PD	8	8		
408	O34308	B	RADIO SET: AN/GRC-160	8	8		
408	S01373	B	SPEECH SECURITY EQUIPMENT: TSEC/KY-57	8	8		
408	T38707	R	TRUCK AMBULANCE: 2 LITTER ARMO 4X4 W/E (HMMNV)	8	8		
408	V98788	B	POWER SUPPLY VEHICLE: HYP-57/TSEC	8	8		

REMARKS: 123 EXCEPTION TO MTOE STANDARDIZATION

EQUIPMENT RECAPITULATION

LIN	ERC	DESCRIPTION	SUB-UNIT PARA 100 REQ AUTH	SUB-UNIT PARA 200 REQ AUTH	SUB-UNIT PARA 300 REQ AUTH	SUB-UNIT PARA 400 REQ AUTH	PARENT UNIT TOTAL REQ AUTH
A32355	B	ALARM CHEMICAL AGENT	13	9	9	9	40
A56243	B	ANALYZER SET ENGINE:	1	0	0	0	1
A62773	A	ANES APP GAS: W/O2 MO	2	0	0	0	2
A90881	B	ANTENNA GROUP: OE-254	7	4	4	4	19

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EQUIPMENT RECAPITULATION

LIN	ERC	DESCRIPTION	SUB-UNIT PARA 100		SUB-UNIT PARA 200		SUB-UNIT PARA 300		SUB-UNIT PARA 400		PARENT UNIT TOTAL	
			REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH
B07126	B	AXLE CABLE REEL: RL-2	1	1	0	0	0	0	0	0	1	1
B14181	B	BAG CARGO AERIAL DELI	16	16	6	6	6	6	6	6	34	34
B48518	A	BOOK SET MEDICAL TEXT	3	3	3	3	3	3	3	3	12	12
B48518	B	BOOK SET MEDICAL TEXT	1	1	1	1	1	1	1	1	4	4
B67766	B	BINOCLULAR: MODULAR CO	2	2	1	1	1	1	1	1	5	5
C05701	B	DELETED	0	0	0	0	0	0	0	0	0	0
C52382	B	CRYPTOGRAPHIC SPEECH	2	2	1	1	1	1	1	1	5	5
C61455	A	CALIBRATOR-GENERATOR:	1	1	0	0	0	0	0	0	1	1
C82375	B	BATTERY-CASE-Z-AIU-E	38	38	27	27	27	27	27	27	119	119
C68719	B	CABLE TELEPHONE: WD-1	9	9	4	4	4	4	4	4	21	21
C68856	B	CABLE TELEPHONE: WD-1	3	3	1	1	1	1	1	1	6	6
C83945	A	CHAIR AND STCOL UNIT:	2	2	1	1	0	0	0	0	3	3
C89145	B	CAMOUFLAGE SCREEN SYS	166	166	65	65	65	65	65	65	361	361
C89213	B	CAMOUFLAGE SCREEN SUP	166	166	65	65	65	65	65	65	361	361
D26151	A	DES GENERAL DENTISTRY	1	1	1	1	0	0	0	0	2	2
D39478	A	DES DENTAL X-RAY FIL	1	1	1	1	1	1	1	1	4	4
D86072	A	DEFIBRILLATOR MONITOR	1	1	1	1	1	1	1	1	4	4
D86072	B	DEFIBRILLATOR MONITOR	8	8	6	6	6	6	6	6	26	26
D95343	A	DENTAL EQUIPMENT SET	1	1	1	1	0	0	0	0	2	2
D95480	A	DENTAL EQUIPMENT SET	0	0	0	0	1	1	1	1	2	2
D99573	B	CHARGER BATTERY: PP-3	2	2	0	0	0	0	0	0	2	2
EO0533	B	CHARGER RADIAC DETECT	6	6	4	4	4	4	4	4	18	18
E17489	A	EDGING MACHINE: OPHTH	1	1	0	0	0	0	0	0	1	1
E37001	A	CLINICAL PSYCHOLOGIST	1	1	0	0	0	0	0	0	1	1
E61310	B	COMPARATOR COLOR: HYD	1	1	0	0	0	0	0	0	1	1
E67355	A	COMPRESSOR - DEMYDRAT	1	1	1	1	0	0	0	0	2	2
E69242	B	COMP UNIT RCP: AIR RE	1	1	0	0	0	0	0	0	1	1
VE98103	B	ELEC TRANSFER KEYING	2	2	1	1	1	1	1	1	5	5
F95504	A	DENTAL INSTRUMENT AND	1	1	1	1	1	1	1	1	4	4
F95601	A	DENTAL OPERATING AND	1	1	1	1	0	0	0	0	2	2
G02204	B	DETECTING SET MINE: P	0	0	0	0	0	0	0	0	0	0
G02341	B	DETECTING SET MINE: P	1	1	1	1	1	1	1	1	4	4
G21472	B	DISPENSING PUMP: HAND	0	0	1	1	1	1	1	1	3	3
G54041	B	DELETED	0	0	0	0	0	0	0	0	0	0
H10793	B	ENTOMOLOGICAL COLLECT	3	3	0	0	0	0	0	0	3	3
J94622	B	INSTL KIT: MK-1967/VR	7	7	6	6	6	6	6	6	25	25

SECTION III EQUIPMENT ALLOWANCE

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EQUIPMENT RECAPITULATION

LIN	ERC	DESCRIPTION	SUB-UNIT PARA 100		SUB-UNIT PARA 200		SUB-UNIT PARA 300		SUB-UNIT PARA 400		PARENT UNIT TOTAL	
			REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH
J35813	A	GEN ST DSL ENG: 5KW 6	2	2	2	2	2	2	2	2	8	8
J35813	B	GEN ST D. ENG: 5KW 6	1	1	0	0	0	0	0	0	1	1
J35825	A	GEN ST DSL ENG: 10KW	2	2	1	1	1	1	1	1	5	5
J45099	B	GEN ST GAS ENG: 3KW 8	5	5	1	1	1	1	1	1	8	8
J48062	B	INSTALLATION KIT: MK-	4	4	2	2	2	2	2	2	10	10
J48402	B	INSTALLATION KIT: MK-	18	18	15	15	15	15	23	23	71	71
J48470	B	INSTALLATION KIT: MK-	6	6	5	5	4	4	4	4	19	19
J48674	B	INSTALLATION KIT: MK-	2	2	1	1	1	1	1	1	5	5
J71543	B	INSTL KIT: MK-2147/VR	15	15	11	11	11	11	11	11	48	48
J71679	B	INSTL KIT: MK-2149/VR	14	14	11	11	11	11	11	11	47	47
J88275	B	INSTL KIT ELEC EQUIP:	4	4	2	2	2	2	2	2	10	10
J88343	B	INSTALLATION KIT ELEC	1	1	2	2	2	2	2	2	7	7
J88411	B	INSTL KIT ELECTR EQUIP	1	1	0	0	1	1	1	1	3	3
K25342	B	HEATER IMMERSION LIQU	16	16	0	0	0	0	0	0	16	16
K28601	B	KITCHEN: COMPANY LEVE	4	4	0	0	0	0	0	0	4	4
K49775	B	HOSE AND FITTING KIT:	1	1	0	0	0	0	0	0	1	1
L28351	B	KITCHEN FIELD TRAILER	4	4	0	0	0	0	0	0	4	4
L63833	A	LIGHT SET DENTAL OPER	1	1	1	1	0	0	0	0	2	2
L63994	B	LIGHT SET GENERAL ILL	3	3	2	2	2	2	2	2	9	9
L64131	B	LIGHT SET MARKER EMER	0	0	1	1	1	1	1	1	3	3
L65225	A	LIGHT SLIT: OPHTHALMO	1	1	0	0	0	0	0	0	1	1
L67964	B	LIGHTWEIGHT DIGITAL F	1	1	0	0	0	0	0	0	1	1
M10936	A	MASK CBR: PROTECTIVE	16	16	16	16	16	16	16	16	64	64
M11895	A	MASK CBR: PROTECTIVE	172	158	64	60	64	60	64	60	384	338
M23471	A	MEDICAL EQUIPMENT SET	1	1	1	1	1	1	1	1	4	4
M23673	A	MEDICAL EQUIPMENT SET	5	5	5	5	5	5	5	5	20	20
M23954	B	MULTIMETER DIGITAL DI	2	2	0	0	0	0	0	0	2	2
M24993	A	MEDICAL EQUIPMENT SET	1	1	0	0	0	0	0	0	1	1
M25865	A	MEDICAL EQUIPMENT SET	0	0	3	3	3	3	3	3	9	9
M26413	A	MEDICAL EQUIPMENT SET	8	8	8	8	8	8	8	8	32	32
M27047	B	MULTIPLER: TD-1288(7	7	3	3	3	3	3	3	16	16
M28909	A	MEDICAL EQUIPMENT SET	1	1	0	0	0	0	0	0	1	1
M29159	A	MEDICAL EQUIPMENT SET	1	1	1	1	1	1	1	1	4	4
M29633	A	MEDICAL EQUIPMENT SET	2	2	2	2	2	2	2	2	8	8
M45375	A	MEDICAL EQUIPMENT SET	2	2	0	0	0	0	0	0	2	2
M45613	A	MEDICAL EQUIPMENT SET	1	1	1	1	1	1	1	1	4	4

SECTION III EQUIPMENT ALLOWANCE

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EQUIPMENT RECAPITULATION

LIN	ERC	DESCRIPTION	SUB-UNIT		SUB-UNIT		SUB-UNIT		SUB-UNIT		SUB-UNIT		PARENT UNIT	
			PARA 100	REQ AUTH	PARA 200	REQ AUTH	PARA 300	REQ AUTH	PARA 400	REQ AUTH	PARA 400	REQ AUTH	TOTAL	TOTAL
M52274	A	MES BATTALION AID STA	3	3	3	3	3	3	3	3	3	3	12	12
M60449	B	MULTIMETER DIGITAL: A	4	4	1	1	1	1	1	1	1	1	7	7
N02758	B	NET CONTROL DEVICE NC	2	2	1	1	1	1	1	1	1	1	5	5
N04456	B	NIGHT VISION GOGGLES:	17	17	14	14	14	14	14	14	14	14	59	59
N22073	A	OPTICAL FABRICATION U	1	1	0	0	0	0	0	0	0	0	1	1
N23712	A	OPTOMERY EQUIPMENT SE	1	1	0	0	0	0	0	0	0	0	1	1
P19377	A	OPERATING AND TREATME	0	0	0	0	1	1	1	1	1	1	2	2
P40745	B	POWER SUPPLY: PP-4763	2	2	1	1	1	1	1	1	1	1	5	5
P40750	B	POWER SUPPLY: PP-6224	9	9	5	5	5	5	5	5	5	5	24	24
P96640	B	PUMPING ASSEMBLY FLAM	1	1	0	0	0	0	0	0	0	0	1	1
P98152	B	PISTOL 9MM AUTOMATIC:	15	15	5	5	5	5	5	5	5	5	30	30
Q19339	B	RADIAC SET: AN/PDR-27	18	18	14	14	14	14	14	14	14	14	60	60
Q20798	B	RADIAC SET: IM-9/PD	4	4	2	2	2	2	2	2	2	2	10	10
Q20935	B	RADIAC SET: IM-93/UD	25	25	18	18	18	18	18	18	18	18	79	79
Q21483	B	RADIAC SET: IM-174/P	18	18	14	14	14	14	14	14	14	14	60	60
Q32756	B	RADIO SET: AN/GRC-106	2	2	1	1	1	1	1	1	1	1	5	5
Q34308	B	RADIO SET: AN/GRC-160	14	14	11	11	11	11	11	11	11	11	47	47
Q54174	B	RADIO SET: AN/VRC-46	6	6	4	4	4	4	4	4	4	4	18	18
Q54174	B	RADIO SET: AN/VRC-47	7	7	5	5	5	5	5	5	5	5	22	22
Q78282	B	RADIO SET CONTROL GRO	12	12	8	8	8	8	8	8	8	8	36	36
R30662	B	RECEIVER-TRANSMITTER	2	2	1	1	1	1	1	1	1	1	5	5
R30925	B	DELETED	0	0	0	0	0	0	0	0	0	0	0	0
R59023	B	REELING MACHINE CABLE	3	3	1	1	1	1	1	1	1	1	6	6
R59160	B	REFRIGERATOR MECH BID	7	7	3	3	3	3	3	3	3	3	16	16
R61571	A	REFRIGERATOR SOLID ST	0	0	1	1	1	1	1	1	1	1	3	3
R64126	A	RADIO TEST SET: AN/PR	2	2	0	0	0	0	0	0	0	0	2	2
R93169	B	RIFLE 5.56 MILLIMETER	1	1	1	1	1	1	1	1	1	1	4	4
R95025	B	RIFLE-SHOTGUN SURVIVA	157	143	59	55	59	55	59	55	59	55	334	308
R95925	B	SPEECH SECURITY EQUIP	3	3	0	0	0	0	0	0	0	0	3	3
S01373	B	SPEECH SURVEY SET:	34	34	25	25	25	25	25	25	25	25	109	109
S10157	A	TESTER DEFIBRILLATOR	3	3	0	0	0	0	0	0	0	0	3	3
T02889	A	TRUCK UTILITY: TACTIC	1	1	0	0	0	0	0	0	0	0	1	1
T05028	A	TRUCK AMBULANCE: 2 LI	3	3	2	2	2	2	2	2	2	2	9	9
T25726	B	TAPE READER GENERAL P	2	2	2	2	2	2	2	2	2	2	8	8
T38707	P	TAPE READER GENERAL P	8	8	8	8	8	8	8	8	8	8	32	32
T40405	B	TAPE READER GENERAL P	2	2	1	1	1	1	1	1	1	1	5	5

SECTION III EQUIPMENT ALLOWANCE

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EQUIPMENT RECAPITULATION

LIN	ERC	DESCRIPTION	SUB-UNIT PARA 100		SUB-UNIT PARA 200		SUB-UNIT PARA 300		SUB-UNIT PARA 400		PARENT UNIT TOTAL	
			REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH
T49255	B	TRUCK LIFT FORK: DSL	1	1	0	0	0	0	0	0	1	1
T59346	A	TRUCK CARGO: TACTICAL	4	4	1	1	1	1	1	1	7	7
T59346	B	TRUCK CARGO: TACTICAL	4	4	1	1	1	1	1	1	7	7
T59482	B	TRUCK CARGO: TACTICAL	3	3	0	0	0	0	0	0	3	3
T60464	A	SINK UNIT SURGICAL SC	3	3	3	3	2	2	2	2	10	10
T61494	A	TRUCK UTILITY: CARGO/	10	10	6	6	6	6	6	6	28	28
T61494	B	TRUCK UTILITY: CARGO/	2	2	2	2	2	2	2	2	8	8
U39070	A	STER SURG INSTR: PRES	2	2	0	0	0	0	0	0	2	2
U81707	B	SWITCHBOARD TELEPHONE	2	2	1	1	1	1	1	1	5	5
V19950	B	TANK UNIT LIQUID DISP	1	1	0	0	0	0	0	0	1	1
V31211	B	TELEPHONE SET: TA-312	25	25	9	9	9	9	9	9	52	52
V98788	B	POWER-SUPPLY-VEHICLE:	34	34	25	25	25	25	25	25	109	109
W32730	B	SHOP EQUIPMENT AUTO M	1	1	0	0	0	0	0	0	1	1
W33004	B	TOOL KIT GENERAL MECH	16	16	0	0	0	0	0	0	16	16
W34648	B	TOOL KIT CARPENTERS:	0	0	1	1	1	1	1	1	3	3
W37483	B	TOOL KIT ELECTRICAL EQUI	1	1	1	1	1	1	1	1	4	4
W45197	B	TOOL KIT MEDICAL EQUI	2	2	0	0	0	0	0	0	2	2
W45334	B	TOOL KIT MEDICAL EQUI	2	2	0	0	0	0	0	0	2	2
W51910	B	TOOL KIT SMALL ARMS R	1	1	1	1	1	1	1	1	4	4
W60351	B	WIRELINE ADAPTER: HYX	24	24	16	16	16	16	16	16	72	72
W69528	B	TOWBAR MOTOR VEHICLE:	5	5	1	1	1	1	1	1	8	8
W95537	B	TRAILER CARGO: 3/4 T0	9	9	5	5	5	5	5	5	24	24
W95811	B	TRAILER CARGO: 1-1/2	7	7	3	3	3	3	3	3	16	16
X37050	A	X-RAY APPARATUS FIELD	1	1	1	1	1	1	1	1	4	4
X40009	B	TRUCK CARGO: 2-1/2 T0	8	8	4	4	3	3	3	3	18	18
X40794	B	TRUCK CARGO: DROP SID	4	4	0	0	1	1	1	1	6	6
Y34027	B	WATCH WRIST. NON MAIN	22	22	0	0	0	0	0	0	22	22
Y36844	A	WATER QUALITY CONTROL	1	1	0	0	0	0	0	0	1	1
Y36849	A	WATER QUALITY CONTROL	3	3	0	0	0	0	0	0	3	3
Y37130	A	WATER TESTING KIT BAC	3	3	0	0	0	0	0	0	3	3
Z05104	B	ANTENNA GROUP: OE-314	2	2	1	1	1	1	1	1	5	5
Z09000	A	LOGMARS(T) COMMUNICAT	4	4	0	0	0	0	0	0	4	4
Z48437	B	PESTICIDE DISPERSAL U	2	2	0	0	0	0	0	0	2	2
Z50144	A	LOGMARS(T) MICROPROCE	3	3	0	0	0	0	0	0	3	3
Z78448	A	TACTICAL ARMY CSS COM	3	3	0	0	0	0	0	0	3	3

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SECTION III EQUIPMENT ALLOWANCE

08065LFC82

FCO191

EQUIPMENT RECAPITULATION

LIN	ERC	DESCRIPTION	SUB-UNIT PARA 100		SUB-UNIT PARA 200		SUB-UNIT PARA 300		SUB-UNIT PARA 400		PARENT UNIT TOTAL	
			REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH	REQ	AUTH
278448	B	TACTICAL ARMY CSS COM	1	1	0	0	0	0	0	0	1	1

LAST PAGE OF SECTION III

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APPENDIX C

DEPARTMENT OF THE ARMY
 307TH MEDICAL BATTALION (AIRBORNE)
 82D AIRBORNE DIVISION
 APO NEW YORK 09656

23 NOVEMBER 90

MEMORANDUM THRU Commander, Division Support Command, 82D Airborne
 Division. ATTN: S-3, APO NEW YORK, 09656

MEMORANDUM FOR Commander, 82D Airborne Division; ATTN: AFVC-GCO,
 APO NEW YORK, 09656

SUBJECT: NTO&E Equipment and CTA Items at Home Station

1. In reference to 82D Airborne Division G-3 memorandum dated
 18 NOV 90, the 307TH MEDICAL BATTALION (AIRBORNE) submits the following
 information:

LINE #	EQUIPMENT	# TO DEPLOY	# TO REMAIN
A03210	ACCESSORY, OUTFIT FIELD RANGE	1	2
A03165	ACCESSORY KIT VEH .75 TON	4	0
A03169	ACCESSORY KIT VEH 1.5TON	3	0
A03189	ACCESSORY KIT VEH 2.5 TON	2	0
A56243	ANALYZER SET ENGINE	1	0
A62773	ANESTHESIA APPARATUS GAS W/ O2	1	0
A63252	ANESTHESIA SET FIELD: IN CHEST	1	0
A72260	ANTENNA RC-292	1	0
A07126	AXLE CABLE REEL: RL-27	1	0
A79381	ANTENNA GROUP, OE-254	2	1
A32355	ALARM, CHEMICAL AGENT	4	0
A07126	AXLE CABLE REEL: RL-27	1	0
B14181	A-22 CARGO BAG	18	0
C13174	BOX METAL SHIPPING, 135 CU FT	0	7
C13111	BOX METAL SHIPPING, 290 CU FT	8	39
C38432	BURNER UNIT GASOLINE FIELD RANGE	0	7
C42375	BATTERY CASE: S-AIJ-E1	36	6
C83913	CHAIR AND STOOL DENTAL	1	0
C87145	CAMO.SCREEN	156	124
C89213	CAMO,SCREEN SUPPORT SYSTEM	238	10
C82601	CABINET STORAGE	5	0
E00555	CHARGER, RADIATION DET PP-1578	15	0
E10572	CHEST,ICE STORAGE	1	2
E63217	COMPASS MAGNETIC UNMOUNTED	139	0
E67242	COMPRESSOR UNIT RCF: 175 PSI	1	0
E78103	ELEC TRANSFER KEYING DEVICE KY-13	1	0
G21472	DISPENSING PUMP: HAND DRIVEN	1	2
H10781	ENTOMOLOGICAL COLLECTING KIT FLD	3	0
H42927	FILING CABINET: TACTICAL	5	0
H43719	HOLSTER PISTOL: RIF 12	1	0
H39828	FIELD PACK W/OUT LINER	9	0
H83817	FOOD CONTAINER INSULATED	7	15
J48411	INSTALLATION KIT MK-2422	4	0
J48402	INSTALLATION KIT MK-2502	16	0
J31622	INSTL KIT: MK-1967	1	0
J49398	GEN SET 10KW DIESEL	2	0
J48470	INSTL KIT: MK-2503	4	0

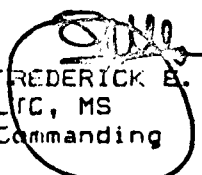
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LINE #	EQUIPMENT	# TO DEPLOY	# TO REMAIN
100041	INSTR KIT: MK-2147	21	0
100079	GEN SET 3KW DIESEL	1	0
100140	INSTALLATION KIT MK-2419	1	1
105097	GENERATOR, GAS 3KW	2	2
105098	GENERATOR, GAS 10KW	1	0
125062	IMMERSION HEATERS	20	16
125943	SPACE HEATERS	8	80
185092	INSECT BAR	80	145
180062	NERO SUN HEATER	2	3
180004	HARNES, PARACHUTE	26	24
117015	JUG, VACUM	2	2
128081	KITCHEN, FIELD TRAILOR	4	0
184131	LIGHT SET, MARKER EMERG	0	1
180994	LIGHT SET, GENERAL ILLUM 25 DT	3	0
110056	MASK, PROT M25A1	6	0
111995	MASK, CBR M-17 AT *SMALL*	12	0
117032	MATTRESS PNEUMATIC	0	82
120924	MULTIMETER DIGITAL DISPLAY	2	0
128413	MEDICAL EQUIPMENT SET GROUND AMB	2	0
160447	MULTIMETER DIGITAL: AN/PSM-45	2	0
180007	MONITOR, ULLS	1	0
180758	NET CONTROL DEVICE KYX-15	3	0
180456	NIGHT VISION GOGGLES	10	0
034708	AN/GRC 160	7	0
013030	RACK, STORAGE SMALL ARMS M-16	12	25
019339	RADIAC SET AN/PDR-27	7	1
041407	POWER SUPPLY AC/DC: S-AKE/TSEC	2	0
040750	POWER SUPPLY: PP-6224	3	5
080025	PRINTER, ALPS 2000	1	0
020778	RADIACMETER IM-9	1	0
020735	RADIACMETER IM-93	21	0
021483	RADIACMETER IM-174	26	0
032756	RADIO SET: AN/GRC 106	1	4
054174	RADIO SET: AN/VRC-47	1	0
078282	RADIO ST CNT GRF AN/GRA-39	5	2
012379	RACK, STORAGE SMALL ARMS 9mm	1	1
014154	RANGE OUTFIT FIELD GAS	3	6
030662	REC-TRANS CNT AN/GRA-6	1	4
057160	REELING MACHINE CABLE RL-39	1	0
090169	RADIO TEST SET: AN/PRM-34	1	0
075709	REPAIR KIT, TENTAGE	3	0
061571	REFRIGERATOR, BIOLOGICAL	2	1
095035	RIFLE 5.56 M-16	0	57
001373	SPEECH SEC KY-57	19	0
039122	STERILIZER SURG	0	2
039196	STERILIZER SURG 16X36	1	0
058674	SCREEN LATRINE, COMPLETE	3	0
125726	TONE SIG TA-977	2	0
140405	TAPE READER MOI-18	5	0
160464	SINK SURGICAL SCRUB	0	11
179003	SLING, HELICOPTER EXTENSION 10,000 LB	14	0
179009	SLING, HELICOPTER EXTENSION 25,000 LB	21	0
161494	TRUCK UTL 1 1/4 TON 1998/1038	20	3
149255	TRUCK LIFT FORK	1	0
032924	STRAPPING AND SEALING KIT	0	1
057960	SUIT, CHEM PROTECTIVE	0	149
043866	STOVE GAS BURNER	0	1
001115	SPRAY, INSECT 2 GALLON	0	2

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LINE #	DESCRIPTION	# TO DEPLOY	# TO REMAIN
V27271	TARI A LIAI TEX 100	22	2
V27257	TAR A LIAI TEX 100	1	0
V31211	TELEPHONE TA-012	3	1
V40170	TENT GP LARGE W/ LINER	2	0
V40989	TENT GP MED W/ LINER	7	0
V42143	TENT: GP SMALL CMD POST	2	1
V47126	TENT GP SMALL W/LINER	4	8
V48948	TENT KITCHEN FLYPROOF	1	0
V98788	POWER SUPPLY, VEH: HYX-5771SEC	27	1
VV8340	COMMAND POST SYSTEM, SICPS	1	2
V53921	TENT VEHICLE MAINT	1	0
W33004	TOOL KIT GENERAL MECHANICS	4	0
W60351	WIRELINE ADAPTER: HYX-5771SEC	0	10
W95527	TRAILOR CARGO: 1.75 TON	15	0
W95511	TRAILOR CARGO: 2.5 TON	11	0
WE1910	TOOLKIT: SMALL ARMS REPAIR	3	0
W34648	TOOL KIT, CARPENTER S	2	0
W65510	TOWBAR	4	0
X40007	TRK CARGO, 2.5 TON	5	1
Y01450	VESTIBULE, TENT GP SMALL	3	16
Y34027	WATCH WRIST: NON MAINT	0	22
Y003820	VIEWER, MICROFISH TYPE 1	0	1
Z52819	INSTALLATION KIT MK-2541	0	5

2. POC is CPT McVeigh or 1LT Davis, *5234. 7600-118.


 FREDERICK B. GERBER, II
 LTC, MS
 Commanding

APPENDIX D

HQ & A, 307 MEDICAL BATTALION
INVENTORY

2	AUTOCLAVE	3	OXYGEN VALVES
7	PORTABLE TABLES	1	AMBU BAG
3	MAST TROUSERS	8	OXYGEN ADAPTERS, REDUCER
11	BED SIDE LAMPS	4	SMALL HEATER SETS
2	CPR MANEQUINS	1	ANESTHESIA BOX
1	CPR CHILD	6	MS BAGS
4	DOLLYS	5	TRACHESOTOMY CANULUS
1	OFFICE CHEST	4	SPARK KITS
1	SURGICAL LAMP	1	OXYGEN CYLINDER "E"
4	DENTAL ENGINES	3	LARGE FIELD TABLES
1	TRIPOD, LAMP	1	PORTABLE CHART
2	SMALL DENTAL CHESTS	4	BLANKET SETS
4	BED PANS	2	SURGICAL LIGHT SETS
21	WASH PANS	1	ORTHOPEDIC SAW
2	PNEUMATIC TOURNEQUETS	4	DENTAL CHESTS
5	PATIENT RESTRAINTS	4	RESUPPLY BAGS
1	BLOOD CELL CALCULATOR	2	HAND BASIN STANDS
3	HEAD-STRAPED LIGHTS	3	LONG SPINE BOARDS
2	VEHICLE POWER SURG LIGHTS	27	MEDICAL CHESTS
8	OXYGEN YOKE ADAPTERS	1	STORAGE BOX, WOODEN
3	YOKE ADAPTER WRENCHES	4	HARE TRACTION SPLINTS
4	PAIS	2	FLYNN SETS
10	LITTER STAND SETS	7	I.V. HOLDERS
1	DENTAL CHAIR	1	ULTRASONIC DENTAL UNIT
2	OPERATING TABLES		

B Co INVENTORY

4	SPARK KITS	2	PNEUMATIC TOURNIQUET
3	PORTABLE TABLES	1	PATIENT RESTRAINT SET
35	COTS	1	ORTHOPEDIC CAST SAW
4	FLYNN SETS SERIES 3	3	STRETCHER FRAMES
3	BEDPANS	4	DOLLYS
15	WASHPANS	3	OXYGEN BOTTLES
4	URINALS (PANS)	7	STRECHERS
7	5 GALLON CONTAINERS	3	SAFES
6	HARE TRACTION SPLINTS	22	STOVES
5	MAST TROUSERS	2	SICKCALL CHEST
7	RESCITATOR SETS	11	MEDICAL CHESTS
1	A & D BOX	1 1/2	OR LIGHT CHEST
3	BANDAGE SCISSORS	11	CRUTCHES
2	BLANKET SETS (COMPLETE)	1	DVM SET
3	I.V. HOLDERS	1	10,000 LB SLINGSET
2	SUCTION UNITS (ORAL AIRWAY)	1	FIRE EXTINGUISHER
2	SMALL HEATER SETS	9	REDSIDE LAMPS
1	LAB CENTRIFUGE	1	PORTABLE CHART
3	LONG SPINEBOARDS	5	AXES
1	SHORT SPINEBOARD	3	FUEL NOZZLES
1	RECTAL SCOPE	3	SPYHGMOMETER

C Co

11	RES. SUCTION SETS	15	URINALS
4	MAST TROUSER	1	SICKCALL CHEST
2	PORTABLE SUCTION	6	BLANKET SETS
4	FLYNN SETS	5	ABAG RESUPPLY LITS
11	COTS	11	MEDICAL CHEST
4	OVM SETS	2	CAMMO. NETS
5	PORTABLE CHARTS	3	SPLINT SETS
16	STOVE HEATERS	2	GP MED TENTS
2	OR TABLES	1	TENTLIGHT
7	LONG SPINEBOARDS	11	I.V. HOLDERS
6	CRUTCHES	1	DOLLY
3	5 GALLONWATER JUGS	2	PORTABLE LATRINE SEATS
13	LITTERS	4	FIELD LONGTABLES
21	GAS LAMPS	15	SMALL PORTABLE TABLES
15	BEDPANS		

D Co.

11	MAST TROUSERS	1	PORTABLE CHART
21	SMALL OXYGEN TANKS	4	DOLLYS
4	OXYGEN REGULATORS	2	SCOOP STRETCHER
5	YOKES	16	DROPCORDS
2	OXYGEN REDUCERS	1	LINER NET GP LARGE
4	ORAL SUCTIONS	3	GP MEDIUM
20	I.V. HOLDER	3	GP LARGE
16	LAMPS	7	LARGE OXYGEN TANKS
2	PORTABLE BASIN STANDS	18	LITTERS
1	BATTERY POWERED SUCTION	6	STETHOSCOPES
2	LITTER STANDSETS	8	CRUTCHES
5	HARE TRACTIONS	2	AUTOClaves
4	SPARK KITS	4	ELECTRIC PORTABLE LAMPS
4	BLANKET SETS	71	MEDICAL CHESTS
2	O R TABLES	5	LONG SPINEBOARD
2	SHORT SPINEBOARDS	4	FIRE EXTINGUISHERS
3	NBC LITTERS		

APPENDIX E

OPERATION DESERT SHIELD
NARCOTIC ISSUE

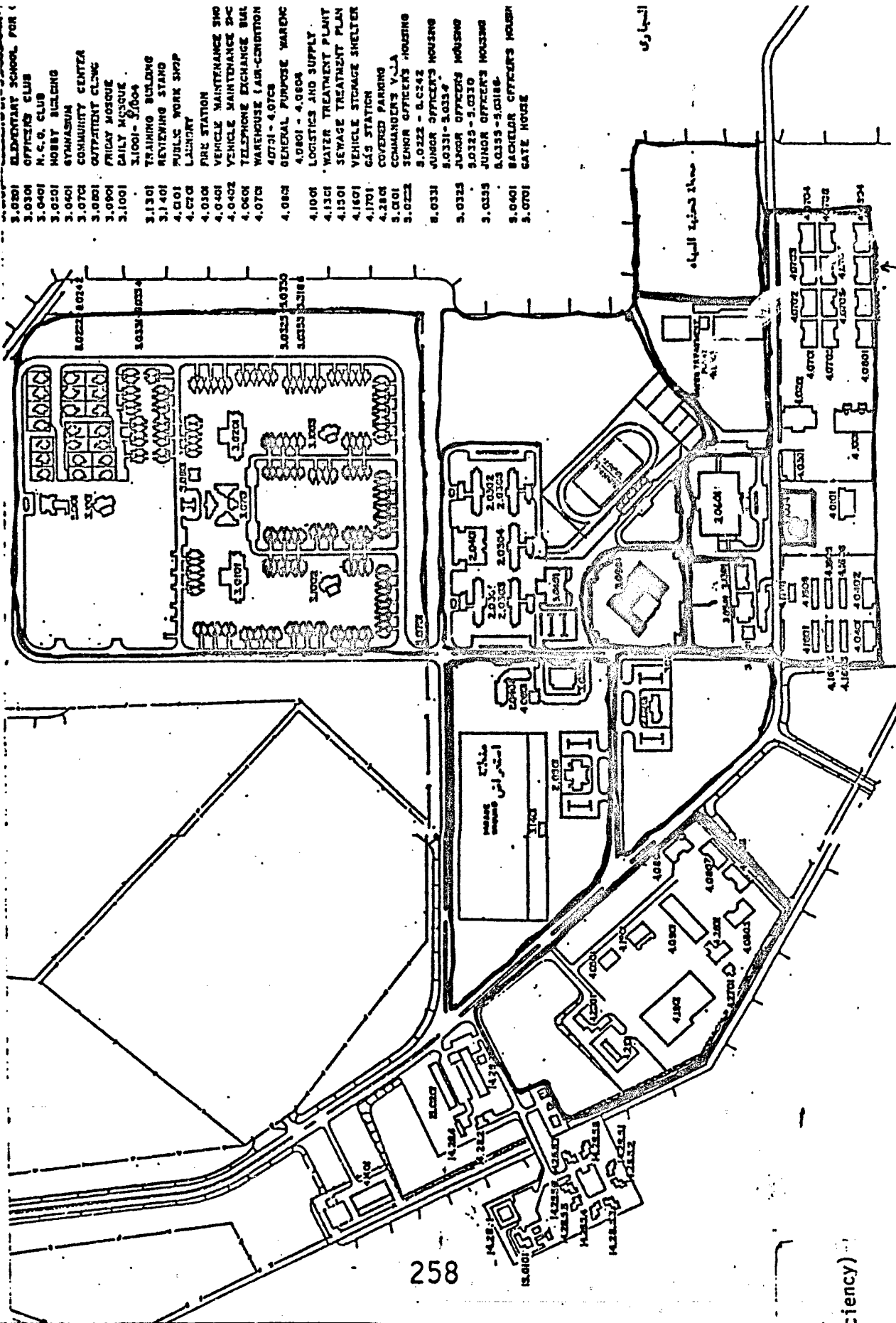
ASOP: 13 SEP 90

UNIT	ISSUED TO	LINES ISSUED	MORPHINE SYR/TUBEX	DATE ISSUED	LINES ISSUED	DATE ISSUED
1st BDE						
BDE SURG	CPT CANCIO	5	40 TU	13 AUG		
1/504	CW2 IRISH	6	100 SYR	8 AUG		
1/504	CW2 IRISH	1	100 SYR	10 AUG		
1/504	CPT FRIEDEL	4	0	21 AUG		
1/504	SFC WILTRON	2	300 SYR	22 AUG		
2/504	DID NOT SIGN PRIOR TO DMSO DEPLOYMENT					
3/504	DID NOT SIGN PRIOR TO DMSO DEPLOYMENT					
1/319	DID NOT SIGN PRIOR TO DMSO DEPLOYMENT					
1/319	CW4 PAULUS		30 TU/ 100 SYR		8	7 SEP 90
2nd BDE						
1/325	CW2 THOMAS	6	10 TU/250 SYR	6 AUG		
2/4/325	MAJ BURNS	1	0	6 AUG		
2/319	CW2 SCHRUM	1	0	10 AUG		
2/319	CW2 SCHRUM	6	100 SYR	7 AUG		
3rd BDE						
1/505	CW BRASSFIELD	7	50 TU/125 SYR	13 AUG		
1/505	CW2 BRASFIELD		0		1	6 SEP 90
2/505	CPT HOOKER	5	10 TU	30 JULY		
2/505	CW3 JEWET	5	0	31 JULY		
2/505	UNLEAGEABLE	5	0	13 AUG		
2/505	CW3 JEWETT		0		3	26 AUG 90
2/505	CW3 JEWETT	2	150 SYR	19 AUG		
3/505	LTC ROSEMOND	7	40 SYR/30 TU	14 AUG		
3/319	CW2 JONES	5	100 SYR/20 TU	13 AUG		
B2D AVN	CPT GALAPON	6	30 TU	8 AUG		
B2D AVN	CPT LOCKROW	7	100 SYR	19 AUG		
B2D AVN	CPT LOCKROW	2	50 SYR	28 AUG		
3/73RD	DID NOT SIGN PRIOR TO DMSO DEPLOYMENT					
307TH MED BN						
HQ/A	DID NOT SIGN PRIOR TO DMSO DEPLOYMENT					
HQ/A	CW3 JOPLIN		100 TU		5	24 AUG 90
HQ/A	MAJ KOKOSZKA		0		1	11 SEP 90
HQ/A	1LT KUSSOW	6	0	27 AUG		
HQ/A	1LT KUSSOW	1	0	30 AUG		
B CO	CW2 HANSEN	6	100 SYR	7 AUG		
B CO	CW2 HANSEN	2	0	10 AUG		
B CO	CW2 HANSEN		0		1	23AUG90
C CO	MAJ CLARE	8	100 TU/100 SYR	6 AUG		
C CO	CPT MAZGAJ	4	0	7 AUG		
C CO	MAJ CLARK	1	0	7 AUG		
C CO	1LT MULLINS	1	0	25 AUG 90		
D CO	CW3 OYLER	4	50 TU	14 AUG		
D CO	CW3 OYLER	7	140 TU/ 50 SYR	14 AUG		

APPENDIX F

3.0201 ELEMENTARY SCHOOL FOR
 3.0301 OFFICERS CLUB
 3.0401 M.C. CLUB
 3.0501 HOBBY BUILDING
 3.0601 GYMNASIUM
 3.0701 COMMUNITY CENTER
 3.0801 OUTPATIENT CLING
 3.0901 FRIDAY MOSQUE
 3.1001 DAILY MOSQUE
 3.1101-3.1204
 3.1301 TRAINING BUILDING
 3.1401 REVIEWING STAND
 4.0101 PUBLIC WORK SHOP
 4.0201 LAUNDRY
 4.0301 FIRE STATION
 4.0401 VEHICLE MAINTENANCE SHED
 4.0402 VEHICLE MAINTENANCE 2-C
 4.0601 TELEPHONE EXCHANGE BUL
 4.0701 WAREHOUSE (AIR-CONDITION
 4.0701-4.0708
 4.0801 GENERAL PURPOSE WAREHC
 4.0801-4.0804
 4.1001 LOGISTICS AND SUPPLY
 4.1301 WATER TREATMENT PLANT
 4.1501 SEWAGE TREATMENT PLANT
 4.1601 VEHICLE STORAGE SHELTER
 4.1701 GAS STATION
 4.2801 COVERED PARKING
 5.0101 COMMANDER'S V.I.A.
 5.0201 SENIOR OFFICERS HOUSING
 5.0322-5.0324
 5.0331-5.0334
 5.0325 JUNIOR OFFICERS HOUSING
 5.0325-5.0330
 5.0335 JUNIOR OFFICERS HOUSING
 5.0335-5.0336
 5.0401 BACHELOR OFFICERS HOUSH
 5.0701 GATE HOUSE

البحري



APPENDIX G

NO

CDRXVII IABNCORPS//AFZA-CS//

RUDCHAAA/COMUSARCENT MAIN//CS//

INFO HQDA WASH DC//DASG-ZA//

CDRUSCENTCOM MAC DILL AFB FL

CDRCENTCOM//CCSG//

USARCENT DEPLOYED RIYADH SA//MD//

CINCUSAREUR HEIDELBERG GE//AEAMD//

CDR1STPERSCOM SCHWETZINGEN GE//AEUPE-OPMD//

CDR7THMEDCOM HEIDELBERG GE//AFMLO-S//

CDRUSAMEDDAC FT BRAGG NC

CDRUSAMEDDAC FT CAMPBELL KY

CDRUSAMEDDAC FT EUSTIS VA

CDRUSAMEDDAC FT HODD TX

CDRUSAMEDDAC FT MONMOUTH VA

CDRUSAMEDDAC FT RUCKER AL

CDRUSAMEDDAC FT STEWART GA

CDRARMC FRANKFURT GE

CDRARMC LANDSTUHL GE

CDRUSAMC BROOKE FT SAM HOUSTON TX

CDRUSAMC EISENHOWER FT GORDON GA

CDRUSAMC WALTER REED WASHINGTON DC

CDRUSAMC BEAUMONT FT BLISS TX

UNCLAS

QQQQ

SUBJ: ACCOUNTABILITY OF SOLDIERS IN MEDICAL TREATMENT CHANNELS

1. UNIT COMMANDERS LOSE VISIBILITY, DIAGNOSIS, AND DISPOSITION OF
SOLDIERS ONCE ENTERED INTO THE MEDICAL TREATMENT SYSTEM. OUR
EXPERIENCE OVER THE PAST SEVERAL MONTHS HAS SHOWN THAT THE MEDICAL

INFORMATION CONCERNING SOLDIERS ADMITTED TO MEDICAL TREATMENT FACILITIES (MTF), SOLDIERS TRANSFERRED FROM ONE MTF TO ANOTHER WITHIN SAUDI ARABIA, SOLDIERS EVACUATED OUT OF THE THEATER, OR SOLDIERS RETURN-TO-DUTY (RTD).

2. NO MEDICAL DOCTRINAL SYSTEM EXISTS TO NOTIFY UNIT COMMANDERS UNDER FIELD CONDITIONS THAT ONE OF THEIR SOLDIERS HAS BEEN ENTERED INTO MEDICAL CHANNELS. IT MAY TAKE A UNIT COMMANDER 24 TO 48 HOURS TO IDENTIFY WHICH MTF HIS SOLDIER WAS ADMITTED TO UNDER EMERGENCY ADMISSION CONDITIONS. THIS ALSO APPLIES TO SOLDIERS ADMITTED TO A HOSPITAL UNDER ROUTINE CONDITIONS. TIME AND DISTANCE PROBLEMS, POOR HOSPITAL COMMUNICATIONS, AND INEFFICIENT PATIENT ACCOUNTABILITY AND ADMINISTRATION HAS CREATED AN INFORMATION VOID BETWEEN UNITS AND MEDICAL ADMINISTRATORS.

3. THIS PROBLEM IS FURTHER COMPOUNDED WHEN A HOSPITAL PATIENT IS TRANSFERRED FROM ONE HOSPITAL TO ANOTHER OR SENT TO A MTF THAT BELONGS TO ANOTHER MILITARY SERVICE OR LOCATED OUTSIDE OF SAUDI ARABIA (E.G., 5TH FLEET HOSPITAL OR HOSPITALS IN BAHRAIN OR THE PERSIAN GULF). THE JOINT MEDICAL REGULATING OFFICE (JMRO) PLACES SOLDIERS IN TREATMENT FACILITIES BASED ON LEVEL OF REQUIRED CARE AND AVAILABILITY OF HOSPITAL BED SPACE. HOWEVER, NO THOUGHT IS GIVEN TO HOW COMMANDERS CAN VISIT THEIR SOLDIERS, KEEP ABREAST OF THEIR DIAGNOSIS, OR HOW THE SOLDIER WILL GET BACK TO HIS UNIT UPON DISCHARGE.

4. PERHAPS THE MOST FRUSTRATING PROBLEM FACING UNIT COMMANDERS IS TRACKING SOLDIERS EVACUATED OUT OF THE THEATER. UNIT COMMANDERS LOSE VISIBILITY ON THEIR SOLDIERS ONCE PLACED INTO MEDICAL EVACUATION CHANNELS. IN THE EARLY STAGES OF OPERATION DESERT SHIELD, IT WAS NOT UNCOMMON FOR A COMMANDER TO FIRST LEARN FROM THE

REAR DETACHMENT THAT ONE OF HIS SOLDIERS HAD BEEN EVACUATED OUT OF THE THEATER TO GERMANY AND FROM GERMANY TO THE HOMESTATION MTF.

AGAIN, NO DOCTRINAL OR FORMAL PROCEDURES HAVE BEEN WRITTEN WITHIN THE MEDICAL SERVICES CORPS TO ACCOUNT FOR THESE SOLDIERS. ALTHOUGH AD HOC SYSTEMS ARE CURRENTLY BEING ESTABLISHED BY MEDICAL SERVICES PERSONNEL TO FIX THE PROBLEM, THESE ARE ONLY TEMPORARY FIXES TO A LONG HAUL ISSUE.

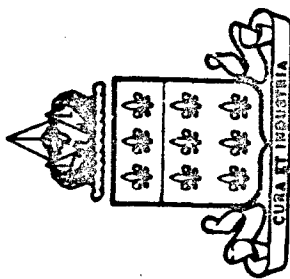
5. THE MEDICAL COMMUNITY IS NOT PREPARED TO MEET THE INFORMATION NEEDS OF DEPLOYED UNITS. HOSPITAL COMMUNICATION CAPABILITIES ARE MARGINAL AND INEFFECTIVE. NO DOCTRINAL PROCEDURES EXIST TO KEEP COMMANDERS INFORMED ABOUT THE STATUS OF THEIR SOLDIERS WHILE IN MEDICAL CHANNELS DURING CONTINGENCY OPERATIONS.

6. THE MEDICAL SERVICES CORPS MUST LOOK HARD AT CURRENT OPERATING PROCEDURES AND TAKE IMMEDIATE ACTION TO FIX SHORTFALLS. AS A MINIMUM, CONTINGENCY CELLS CONSISTING OF MEDICAL AND COMMUNICATION EXPERTS MUST BE DEPLOYED TO MANAGE THE FLOW OF INFORMATION BETWEEN THE MEDICAL SYSTEM AND COMMANDERS. PROCEDURES NEED TO BE IMPLEMENTED TO TRACK PATIENTS COMPLETELY THROUGH THE MEDICAL SYSTEM UNTIL SOLDIERS ARE RTD. WE CANNOT TAKE CARE OF SOLDIERS WHEN WE DON'T KNOW WHERE THEY ARE.

E. Scholes
EDISON E. SCHOLLES, BG, CHIEF OF STAFF

APPENDIX H

307th MEDICAL BATTALION (AIRBORNE)



certifies that

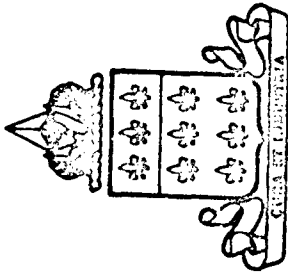
has met the standards for accreditation outlined in the
BASIC TRAUMA LIFE SUPPORT (ADVANCED) COURSE
and is hereby accredited by the
American College of Emergency Physicians

Frederick E. Gerber
Lieutenant Colonel, MSC
COMMANDER

Date Issued: _____

COURSE DIRECTOR
Gary A. Goforth, M.D.
Major, Medical Corps
U. S. Army
Affiliate Faculty, BTLS International

307th MEDICAL BATTALION (AIRBORNE)



certifies that

has met the standards for accreditation outlined in the
COMBAT SURGICAL SKILLS COURSE
and is hereby accredited by the
82nd Airborne Division Surgical Fellows

Frederick E. Gerber
Lieutenant Colonel, MSC
COMMANDER

Date Issued: _____

COURSE DIRECTOR
David Jaques, M. D.
Lieutenant Colonel, MC
U. S. Army
Fellow, American College of Surgeons

APPENDIX I

UNITED STATES ARMY
SEPTEMBER 1950

CPT McVeigh

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
						8 CO-INT SPT
						9 CO-INT SPT
						10 CO-INT SPT
						11 CO-INT SPT
						12 CO-INT SPT
						13 CO-INT SPT
						14 CO-INT SPT
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						28 CO-INT SPT
						29 CO-INT SPT
						30 CO-INT SPT
						31 CO-INT SPT

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 IB CO-CTT ID CO-8 MILE RM IC CO-16 INSP-NBC	2 IB CO-DIAG PT TEST ID CO-6 MILE RM	3 IB CO-DIAG PT TEST ID CO-6 MILE RM	4 IC CO-16 INSP-NBC	5 ID CO-MAINT	6 ID CO-12 MILE RM
7 IB CO-DEMAN SAFETY ID CO-COMPT SKILLS ID CO-4 MILE RUN	8 IB CO-DEMAN SAFETY ID CO-COMPT SKILLS ID CO-4 MILE RUN	9 IB CO-6 MILE RM ID CO-6 MILE RM IC CO-16 INSP-COMMO	10 IB CO-6 MILE RM ID CO-6 MILE RM IC CO-16 INSP-COMMO	11 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	12 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG
13 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	14 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	15 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	16 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	17 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	18 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG
19 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	20 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	21 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	22 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	23 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	24 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG
25 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	26 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	27 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	28 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	29 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	30 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG
31 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	32 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	33 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	34 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	35 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG	36 IB CO-4 MILE RUN ID CO-4 MILE RUN ID CO-MAINT ID CO-MOS TNG

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271

30TH MEDICAL BRIGADION (AIRBORNE)
FEBRUARY 1991

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 BN RUN BN PARADES DEBENTON	2 BN OPD (1000)
					HOA FTX PREP DO DO REDJURY OPS	HOA FTX PREP DO DO REDJURY OPS
3 HOA FTX PREP	4	5	6 HOA DO FTX	7	8	9
10 HOA DO FTX	11 DO DO IG COMD INSP	12 DO DO IG COMD INSP	13 HOA DO REDJURY OPS C DO SPT 1/325 BN FTX	14 DO DO IG COMD INSP	15 DO DO 12 MILE RM	16 BN OPD (1000)
17	18	19	20 BMT COURSE	21 DO DO IG NEC INSP	22 HOA INTEL UPGRADE DO DO IG VEH INSP	23
24	25 BMT COURSE	26 DO DO SLINGING	27	28		

October 1990

04 OCT 1990

Command Group Two-Month Calendar

SUN MON TUE WED THU FRI SAT

	1	2	3	4	5	6
		ADC-O/Sep Bn Cdr Mtg (1900, N+2)	DCSLOG Visit	Corps Cdr's Dinner		ADC-O/MS Mtg (1900, N+2) ←
7	8	9	10	11	12	13
	CSA Visit	ADC-O/Sep Bn Cdr Mtg (1900, N+2)	CG-CSM Mtg (1030, N+2)	Corps Cdr's Dinner	Green Tab Run (0600, 1st Bde, Div Hqs) 2d Bde QTB (0900, N+2)	3D BDE ITC (0730, 3 BDE)
			1-505 FTX	(8-12 OCT)		
14	15	16	17	18	19	20
	CS-MSC Mtg (0900, O'Club)	ADC-O/ Sep Bn Cdr Mtg (1900, N+2) DISCOM QTB (0730, DISCOM)	Avn Bde QTB (0900, N+2)	Corps Cdr's Dinner	Cdr Cont Notes Due Calendar Input Div (RTY) QTB (0730, Audit)	ADC-O/ MSC Mtg (1900, N+2) Sep Bn QTB (0730, TBD)
21	22	23	24	25	26	27
	CG-MSC Mtg (1030, CGO)	ADC-O/Sep Bn Cdr Mtg (1900, N+2)		Corps Cdr's Dinner		
			2D BDE CWIP	(22 OCT - 4 NOV)		
28	29	30	31			
	Div Cdr's Conf /OPD (1030, TBD)	ADC-O/Sep Bn Cdr Mtg (1900, N+2)	Halloween			

NOVEMBER 1990

AS OF 27OCT90

Command Group Two-Month Calendar

SUN MON TUE WED THU FRI SAT

					1 CORPS CDR'S DINNER (1830, DTAC)	2 2D BDE OPEN HOUSE/ TALENT SHOW	3 ADC-O/ MSC MTG (1800, N+2)
4	5 G2-82 CONF	6 ADC-O/ SEP BN CDR MTG (1800, N+2)	7	8 CORPS CDR'S DINNER (1830, DTAC)	9	10	
11 FORSCOM CDR VISIT	12 VETERAN'S DAY	13 ADC-O/ SEP BN CDR MTG (1800, N+2)	14	15 CG-BN CDR MTG (1030, N+2) CORPS CDR'S DINNER (1830, DTAC)	16 CS-MSC MTG (1000, O'CLUB) DIV SAFETY DAY MRC(0900, THT)	17 ADC-O/ MSC MTG (1800, N+2) 1-82 C/CMD (0800, A/N)	
18	19 1-325 C/CMD DIV CDR'S CONF NOTES DUE	20 ADC-O/ SEP BN CDR MTG (1800, N+2)	21	22 DESERT CLASSIC 10K THANKSGIVING CORPS CDR'S DINNER-CTAC	23 CG-MSC MTG (1800, N+2) 2 MONTH CAL INPUT DUE CORPS BKNFS	24	
25	26 DIV CDR'S CONFERENCE (1030, MESS HALL)	27 ADC-O/ SEP BN CDR MTG (1800, N+2)	28 CPT	29 CORPS CDR'S DINNER (1830, DTAC)	30		

DECEMBER

AS OF: 4DEC80

Command Group Two-Month Calendar

SUN MON TUE WED THU FRI SAT

2	3	4	5	6	7	8
	3-505 PIR EXEVAL (26 NOV-6 DEC)				MRC (0900, THEATER)	ADC-O/ MSC MTG
9	10	11	12	13	14	15
		CG-CSM MTG (1030,N+2) ADC-O/SEP BN CDR MTG	3-73 AR LAV-25 VIP DEMO (0800,RIYADH)	CG-BN CDR MTG (1030,N+2)		
16	17	18	19	20	21	22
	CG-MSC MTG (0900,O CLUB) G2-82 CONF	ADC-O/SEP BN CDR MTG BN CDR MTG (1800,N+2) 1ST BDE JTG BRF		CG-MSC MTG (1800,O CLUB)	21CDR CONF NOTES DUE 1-504 DINING IN	
23	24	25	26	27	28	29
	TRAINING HOLIDAY	CHRISTMAS		D-MAIN EQUIPMENT SETUP	DIV CDR'S CONFERENCE (1030,MESS HALL)	
30	31					

JANUARY

AS OF 4DEC90

Command Group Two-Month Calendar

SUN MON TUE WED THU FRI SAT

		NEW YEAR'S 1 DAY	TRAINING 2 HOLIDAY	3	4	ADC-O/MSG 5 MTG (1800,N+2)
6	7	ADC-O/SEP 8 BN CDR MTG (1800,N+2)	CG-CSM 9 MTG (1030,N+2)	10	11	12
13	14	ADC-O/SEP 15 BN CDR MTG (1800,N+2)	16	CG-BN 17 CDR MTG (1030,N+2)	CS-MSC 18 MTG (1000,O CLUB)	19 ADC-O/MSG MTG (1800,N+2)
20	MARTIN 21 LUTHER KING'S BIRTHDAY CDR CONF NOTES DUE	22 ADC-O/SEP BN CDR MTG (1800,N+2)	23	24	CG-MSC 25 MTG (1800,O CLUB)	26
27	DIV CDR'S 28 CONF (1030, MESS HALL)	29 ADC-O/SEP BN CDR MTG (1800,N+2)	30	31		

APPENDIX J

INFORMATION PAPER

PK OPERATING HOURS: 1600 - 2100

LOCATION: HOBBY BLDG

IG OFFICE: POC: MAJ MADSEN
SFC RHODES
EXT: 5078

LOCATION: 1ST FLOOR DIV HQ

POST OFFICE OPERATING HOURS: 1000 - 1930

LOCATION: HOBBY BLDG

ALL AMERICAN LEGAL CLINIC HOURS: 0700 - 1900

LOCATION: 1ST BRIGADE AREA

DAILY CHAPEL SERVICES: 0815 - DEVOTIONAL
(EXCEPT SUNDAYS) 0815 - DEVOTIONAL

LOCATION: GYM

1800 - BIBLE STUDY

WAREHOUSE

1930 - EVENING PRAYER TIME

3D BDE CHAPLAIN'S OFFICE

2000 - BIBLE STUDY

1ST BDE CHAPEL

1ST BDE CHAPEL

2030 - LDS BIBLE STUDY

1ST BDE CHAPEL

2130 - BIBLE STUDY

1ST BDE CHAPEL

1930 - FELLOWSHIP (WED NITES)

HOBBY BLDG

CHAPEL SERVICES:
DISCOM, SEPARATES

PROTESTANT

LOCATION: THEATER, NEXT TO TMC

SUNDAY WORSHIP: 0930
1100
2100

WEDNESDAY 1930

CATHOLIC

SUNDAY WORSHIP: 0830
1930

L.D.S.

SUNDAY WORSHIP: 1800

SHOWERS: WATER CODE: GREEN TIME: 0600 - 2200 USAGE: SHOWERS, LAUNDRY, TOILET
AMBER TBA
BLACK TBA

DINING FACILITY OPERATING HOURS: BREAKFAST 0600 - 0630 ; DINNER: 1700 - 1730

DESERT SHIELD COURIER SCHEDULE TIME: 0530 - 0600
DEPARTING DHAHRAN 0900 DAILY) 1010 - 1025
1035 - 1135

LOCATION: CHAMPION MAIN
FLEN FWD
JUBAYL AF

LAUNDRY TURN - IN 307TH MEDICAL BATTALION:

TURN - IN: THURS

TIME: 2000 - 2200

LOCATION: INSIDE TOC

PICK - UP: SAT

TIME: 2000 - 2200

INSIDE TOC

APPENDIX K

AFVC-GA

OCT 16 1990

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: 82d Airborne Division Uniform Policy

1. Purpose: To establish a standard uniform policy applicable to all 82d Airborne Division soldiers and attachments participating in Operation DESERT SHIELD, Saudi Arabia.

2. General:

a. The wear of the military uniform reflects the discipline, professionalism, and standards of the 82d Airborne Division. This policy provides guidance on the proper wear of the uniform for garrison, field, and other activities by troopers and units assigned or attached to the Division.

b. Minimum items to be worn on the DCU are the 82d patch, U.S. Army, name tape, and parachutist badge. The Kevlar helmet should have a desert camouflage cover and a camouflage band with name printed on the band. Graffiti is not authorized on the helmet cover or band.

c. Headgear. The only acceptable headgear for 82d Airborne Division soldiers and attachments is the Kevlar helmet! (No beret, DCU hats, patrol hats, or drive-on rags).

3. The following activities and uniform are the 82d Airborne Division standard.

ACTIVITY/EVENTS

UNIFORM

Field duty/training
uniform/traveling off
camp or base.

DCU, Kevlar,
complete LBE,
weapon, protective
mask (mask should be
grounded prior to fire
and maneuver or
individual movement drills).

Garrison duty on
base or camp

DCU, Kevlar, protective
mask and weapon.

Physical training

Gray Army PT uniform
with running shoes. Key
is maximum uniformity
within units. Commanders
may prescribe DCU
trousers, T-shirt and boots
or running shoes.

ACTIVITY/EVENTSUNIFORM

Exterior guard post/
convoy escorts

DCU, flak vest, Kevlar, LBE,
protective mask, and ammunition.

Work place

Personnel working in air-
conditioned buildings are
expected to wear complete
DCU. Personnel in tents
or non-airconditioned
buildings may remove the DCU
jacket.

KP

Personnel on KP will wear T-shirt,
DCU trousers, and white paper
hats in and around the mess hall
area.

Work details/
maintenance personnel

Units may authorize personnel
doing physical labor, maintenance
outdoors, or flight line personnel
to wear T-shirt and DCU trousers.
This should be only while physical
work is being done. Troops
traveling to or from or riding
in vehicle will wear the complete
uniform.

Mess Hall/movie/PX/
other on base activities
away from living or
work area

DCU, Kevlar, protective mask, and
weapon.

Half Moon Bay/
ARAMCO home visits

DCU, protective mask, Kevlar
(Carry PT uniform and towel)

Off duty in and around
living areas. (Includes
latrines and showers)

DCU, T-shirt with DCU trousers,
PT uniform (cut off BDU or DCU
trousers are not authorized).

Civilian clothes

Not authorized without
permission of Chief of Staff,
02d Abn Div and must be duty
related. PT uniform is not
a substitute for civilian
clothes.

ACTIVITY/EVENTS

Urban areas/stores/
shops

Sports Days/
Organization Days

UNIFORM

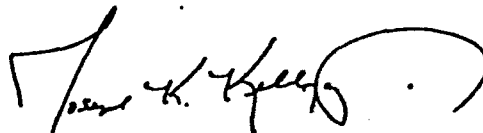
Visits to urban area/stores/
shops are not authorized
unless for official business
or emergency. When required,
weapons and LBE should be left
in vehicle (preferably civilian
vehicle) and not be visible.

Units may prescribe PT or modify
DCU for these activities.
(Individuals will not use base
facilities unless in the
appropriate DCU.)

4. Drivers and personnel riding in military vehicles will be in
complete DCU, to include helmet.

5. Commanders that wish to deviate from this policy must get approval
from the Division Commander.

FOR THE COMMANDER:



JOSEPH K. KELLOGG, JR.
COL, General Staff
Chief of Staff

DISTRIBUTION:

All units assigned or attached to the 82d Airborne Division (Fwd).

089, 3074 L.

DEPARTMENT OF THE ARMY
HEADQUARTERS, SUPPORT COMMAND, 82D AIRBORNE DIVISION
CHAMPION MAIN, SAUDI ARABIA
APO NEW YORK 09656

10 September 1970

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: DISCOM Uniform Policy (Saudi Arabia)

1. The DISCOM uniform at all times is DCU (Desert Camouflage Uniform), combat/jungle boots, kevlar helmet, protective mask, LBE and individual weapon, this includes operating a military vehicle. The only exceptions to this uniform are:

a. Chow, movie and chapel uniform: same as above without LBE. Soldiers will go directly to and from the chapel, dining facility and stadium for movies in this uniform.

b. PT uniform: Army gray shorts and shirt, or unit shirt will be worn for PT and A&R. If soldiers do not have the Army gray PT uniform, they may wear DCU trousers with brown T-shirt and boots or running shoes. These will be worn only for PT and A&R and will not be worn in the dining facility, PX or outside sleeping area except as described in paragraph 3.

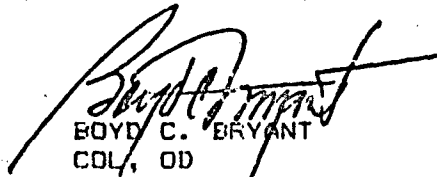
c. Work areas: If working in air conditioned building, blouse will be worn at all times. In non-air conditioned buildings soldiers may be allowed to work with blouse removed. If working outside soldiers may be given permission to work in DCU trousers and T-shirt if performing physical details, i.e. ASP, filling sand bags, etc. Weapon, mask and equipment will be close by.

2. If soldiers leave buildings at anytime they will be in complete uniform except as described in paragraph 1a and 1b.

3. After 1800 hours in living areas and if soldiers are off duty, they may wear PT uniform to relax, read, write letters, etc. At no time will soldiers be farther than 25 feet from the building they occupy in this uniform.

SUBJECT: DISCOM Uniform Policy (Saudi Arabia)

4. POC, this headquarters, CSM Short, #5235.



BOYD C. BRYANT
COL, OD
Commanding

DISTRIBUTION:

CSM, 82d Abn Div
CSM, 307th Med Bn
CSM, 407th S&T Bn
CSM, 782d Maint Bn
1SG. HHC DISCOM

APPENDIX L



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 82D AIRBORNE DIVISION
APO, NEW YORK 06058




AFVC-CO (27a)

MEMORANDUM FOR SEE DISTRIBUTION

7 Sep 90

SUBJECT: Prohibited Activities

1. Attached is a copy of USCINCENT Desert Shield General Order No.1.
2. The general order applies to all United States military personnel and to United States civilians serving with, employed by, or accompanying the armed forces of the United States in the USCINCENT Area of Responsibility.
3. USCINCENT General Order No.1 authorizes possession of limited war trophies. However, the Division Policy prohibiting all war trophies remains in effect.
4. Commanders will brief all soldiers on the prohibitions and restrictions of the general order.
5. USCINCENT General Order No.1 is punitive. Violations of the general order are punishable under the Uniform Code of Military Justice.
6. POC is the 82d Airborne Division Staff Judge Advocate, TAC #9-7616-101/111.


JAMES H. JOHNSON, JR.
Major General U.S. Army
Commanding

DISTRIBUTION:

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LIS •
HBA137

PAAUZYUW RHIVHBA0419 2451400-UUUU-RHILHAF RHIBHAA RHIBHAC RIKLACA
HUCLGHA RHIVHCA RUHUKDA HUCLHFA HUCLUNA RHIVHDA RHIVHEA RHIVHHA

RHIVHGA RHIVHFA RHIVHBA RUEOHNA RUUCHAA.

ZNH UUUUU

P 022229Z AUG 90

FM CDRXV111AHNCORPS FOD //AFZA-JA//

TO RHILHAF/CDR02ABNDIV SA //AFYC-JA//

RHIBHAA/CDR101ARNDIV SA //AFZB-JA//

RHIBHAC/CDR24THINFDIR SA //AFZP-JA//

HUCLACA/CDR1STCAVDIV FT HUOD TX //AFVA-JA//

RUCLGHA/CDR20AHNDIV FT HUOD TX //AFVB-JA//

RHIVHCA/CDR4V111ABNCORPSANTY SA ////

HUATKDA/CDR3HDARMCAYHEG FT BLISS TX//

RUCLHFA/CDR6THCBAC FT HUOD TX//

HUCLUNA/CDR197THINFDIR FT BENNING GA//

RHIVHDA/CDR18THAVNDE SA//

RHIVHFA/CDR20THENGDE SA//

RHIVHHA/CDR1STCOSCOW SA//

RHIVHGA/CDR35THSIGHDE SA//

RHIVHFA/CDR10THMPDE SA//

TOT 245
2230 Z
SB

PAGE 02

RHIVHBA/CDR19THCORPSFINP SA//

INFO RUEOHNA/CDR111AHNCORPS (HEAR) FT. BRAGG NC //AFZA-JA//

RUUCHAA/CDRUSARCENT MAIN SA//AFMU-JA//

ZFN CDR 525THMIBDE SA//

BT

UNCLAS

SUBJECT: (U) PROHIBITED ACTIVITIES

1. CINCCENT HAS ORDERED US PERSONNEL IN THE CONTCOM AOR TO REFRAIN FROM SPECIFIED PROHIBITED ACTIVITIES. THE TEXT OF USCINCENT MSG 302359Z AUG 98, SUBJECT: DESERT SHIELD GENERAL ORDER GO-1 - PROHIBITED ACTIVITIES FOR US PERSONNEL SERVING IN THE USCENTCOM AOR (U) IS QUOTED BELOW FYI.
2. BRIEF ALL MEMBERS OF YOUR COMMANDS ON THE PROHIBITIONS AND REQUIREMENTS OF THE CINCCENT GENERAL ORDER.
3. SUBMIT ANY REQUESTS FOR WAIVERS INQ PARA 9 OF THE CINCCENT MSG THRU THE XVIII ABN CORPS SJA TO THE CORPS CHIEF OF STAFF.
4. TEXT OF THE MESSAGE IS AS FOLLOWS:
"RMKS/THIS MESSAGE TRANSMITS USCINCENT DESERT SHIELD GENERAL ORDER NO. 1 THE AUTHORITY FOR THIS GENERAL ORDER IS TITLE 10."

PAGE 03

UNITED STATES CODE SECTION 1641C(1)(F) AND THE UNIFORM CODE OF MILITARY JUSTICE (TITLE 10 UNITED STATES CODE SECTIONS 801-940). APPLICABILITY. THIS GENERAL ORDER IS APPLICABLE TO ALL US MILITARY PERSONNEL AND TO US PERSONS SERVING WITH, EMPLOYED BY, OR ACCOMPANYING THE ARMED FORCES OF THE UNITED STATES IN THE USCENTCOM AOR DEPLOYED OR ACTING IN SUPPORT OF OPERATION DESERT SHIELD. COMMANDERS ARE DIRECTED TO DISSEMINATE THIS POLICY TO THE LOWEST LEVELS OF THEIR COMMANDS.

1. STATEMENT OF MILITARY PURPOSE AND NECESSITY. OPERATION DESERT SHIELD PLACES UNITED STATES ARMED FORCES INTO USCENTCOM AOR COUNTRIES WHERE ISLAMIC LAW AND ARABIC CUSTOMS PROHIBIT OR RESTRICT CERTAIN ACTIVITIES WHICH ARE GENERALLY PERMISSIBLE IN WESTERN SOCIETIES. RESTRICTIONS UPON THESE ACTIVITIES ARE ESSENTIAL TO PRESERVING US - HOST NATION RELATIONS AND THE COMBINED OPERATIONS OF US AND FRIENDLY FORCES.

2. PROHIBITED ACTIVITIES.

A. PURCHASE, POSSESSION, USE OR SALE OF PRIVATELY OWNED FIREARMS, AMMUNITION, EXPLOSIVES, OR THE INTRODUCTION OF THESE ITEMS INTO THE USCENTCOM AOR.

B. ENTRANCE INTO A MOSQUE OR OTHER SITE OF ISLAMIC RELIGION

TELEX
/AVM/33-434
TELEX

C. INTRODUCTION, POSSESSION, USE, SALE, TRANSFER, MANUFACTURE OR CONSUMPTION OF ANY ALCOHOLIC BEVERAGE.

D. INTRODUCTION, POSSESSION, TRANSFER, SALE, CREATION OR DISPLAY OF ANY PORNOGRAPHIC PHOTOGRAPH, VIDEOTAPE, MOVIE, DRAWING, BOOK OR MAGAZINE OR SIMILAR REPRESENTATIONS. FOR PURPOSES OF THIS ORDER, "PORNOGRAPHIC" MEANS ANY MEDIUM WHICH DISPLAYS HUMAN GENITALIA, UNCOVERED WOMEN'S BREASTS OR ANY HUMAN SEXUAL ACT. IT IS INTENDED TO INCLUDE NOT ONLY "OBSCENE ITEMS", BUT ITEMS OF "ART" WHICH DISPLAY HUMAN GENITALIA, UNCOVERED WOMEN'S BREASTS OR ANY HUMAN SEXUAL ACT.

E. THE INTRODUCTION, POSSESSION, TRANSFER, SALE, CREATION OR DISPLAY OF ANY SEXUALLY EXPLICIT PHOTOGRAPH, VIDEOTAPE, MOVIE, DRAWING OR MAGAZINE. FOR PURPOSES OF THIS ORDER, "SEXUALLY EXPLICIT" MEANS ANY MEDIUM DISPLAYING THE HUMAN ANATOMY IN ANY UNCLOTHED OR SEMI-CLOTHED MANNER AND WHICH DISPLAYS PORTIONS OF THE HUMAN TORSO (I.E. THE AREA BELOW THE NECK, ABOVE THE KNEES AND INSIDE THE SHOULDER). BY WAY OF EXAMPLE, BUT NOT LIMITATION, ARE BODY BUILDING MAGAZINES, SWIMSUIT EDITIONS OF PERIODICALS, LINGERIE OR UNDERWEAR

PAGE 05

ADVERTISEMENTS AND CATALOGUES, AS WELL AS VISUAL MEDIUMS WHICH IMPLY BUT DO NOT DIRECTLY SHOW HUMAN GENITALIA, WOMEN'S BREASTS, OR HUMAN SEXUAL ACTS.

F. GAMBLING OF ANY KIND, INCLUDING SPORTS POOLS, LOTTERIES AND RAFFLES.

G. REMOVING, POSSESSING, SELLING, DEFACING, DESTROYING ARCHEOLOGICAL ARTIFACTS, OR NATIONAL TREASURES.

H. SELLING, BARTERING OR EXCHANGING ANY CURRENCY OTHER THAN THE OFFICIAL HOST-NATION EXCHANGE RATE.

I. IN THE EVENT OF ARMED CONFLICT, TAKING OF WAR TROPHIES.

(1) PROHIBITION.

(A) PRIVATE PROPERTY CANNOT BE CONFISCATED. THE WRONGFUL TAKING OF PRIVATE PROPERTY EVEN IF OWNED BY THE ENEMY, IS A VIOLATION OF ARTICLE 21, UNIFORM CODE OF MILITARY JUSTICE.

(B) ENEMY PUBLIC PROPERTY CAPTURED BY US ARMED FORCES IS THE PROPERTY OF THE UNITED STATES. THE WRONGFUL RETENTION OF SUCH PROPERTY IS A VIOLATION OF ARTICLE 103, UNIFORM CODE OF MILITARY JUSTICE.

(2) LIMITED EXCEPTION. THE FOLLOWING ITEMS OF ENEMY PUBLIC PROPERTY MAY, AS A LIMITED EXCEPTION TO THE PROHIBITIONS ABOVE, BE

PAGE 06

RETAINED BY MEMBERS OF THE US ARMED FORCES AS SOUVENIRS:

(A) ITEMS OF CAPTURED ENEMY MILITARY CLOTHING, E.G. HATS,

SHIRTS, BELTS, TROUSERS AND INSIGNIA.

(B) ITEMS OF CAPTURED ENEMY INDIVIDUAL MILITARY EQUIPMENT.

E.G., HELMETS, LOAD BEARING EQUIPMENT,

CANTEENS, MESS KITS, AND AMMUNITION POUCHES. INDIVIDUALS ARE NOT

AUTHORIZED TO RETAIN BAYONETS AS SOUVENIRS.

3. PUNITIVE ORDER. PARA 2 OF THIS GENERAL ORDER IS PUNITIVE.

PERSONS SUBJECT TO THE UNIFORM CODE OF MILITARY JUSTICE MAY BE

PUNISHED THEREUNDER. CIVILIANS SERVING WITH, EMPLOYED BY, OR ACC-

OMPANYING THE ARMED FORCES OF THE UNITED STATES IN THE USCENTCOM

AOR MAY FACE ADDITIONAL ADVERSE

ADMINISTRATIVE ACTION FOR VIOLATIONS OF THIS GENERAL ORDER.

4. INDIVIDUAL DUTY. ALL PERSONS SUBJECT TO THIS GENERAL ORDER

ARE CHARGED WITH THE INDIVIDUAL DUTY TO BECOME FAMILIAR WITH AND

RESPECT THE LAWS, REGULATIONS, AND CUSTOMS OF THEIR HOST NATION

INsofar AS THEY DO NOT INTERFERE WITH THE EXECUTION OF THEIR

OFFICIAL DUTIES. INDIVIDUAL ACTS OF DISRESPECT OR FLAGRANT VIOLATION

OF HOST NATION LAWS, REGULATIONS AND CUSTOMS MAY BE PUNISHED AS A

VIOLATION OF THE UNIFORM CODE OF MILITARY JUSTICE. CIVILIANS

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SERVING WITH, EMPLOYED BY, OR ACCOMPANYING THE ARMED FORCES OF THE
UNITED STATES IN THE USCENTCOM AOR MAY FACE ADVERSE ADMINISTRATIVE
ACTION FOR VIOLATIONS OF THIS GENERAL ORDER.

5. UNIT COMMANDER RESPONSIBILITY. UNIT COMMANDERS AND SUPERVISORS
ARE CHARGED TO ENSURE ALL, REPEAT ALL, PERSONNEL ARE BRIEFED ON THE
PROHIBITIONS AND REQUIREMENTS OF THIS GENERAL ORDER. COMMANDERS
AND SUPERVISORS ARE EXPECTED TO EXERCISE DISCRETION AND GOOD JUDGE-
MENT IN ENFORCING THIS GENERAL ORDER.

6. CONFISCATION OF OFFENDING ARTICLES. ITEMS WHICH ARE DETERMINED
TO VIOLATE THIS GENERAL ORDER MAY BE CONSIDERED CONTRABAND ANY WAY
BE CONFISCATED IF FOUND IN THE USCENTCOM AOR. BEFORE DESTRUCTION
OF CONTRABAND, COMMANDERS OR LAW ENFORCEMENT PERSONNEL SHOULD COORDI-
NATE WITH THEIR SERVICING JUDGE ADVOCATE.

7. EFFECTIVE DATE. THIS POLICY IS EFFECTIVE IMMEDIATELY. EXCEPT
FOR ALCOHOL, AND AMNESTY PERIOD OF 72 HOURS IS GRANTED FOR PERSONNEL
TO SURRENDER OR DISPOSE OF ITEMS WHICH VIOLATE THIS GENERAL ORDER.
INDIVIDUALS OR COMMANDERS MAY ARRANGE FOR SAFEKEEPING OF PERSONAL
FIREARMS WITH THEIR UNIT'S MILITARY LAW ENFORCEMENT ACTIVITY.
MILITARY CUSTOMS AND OTHER PRECLEARANCE OFFICIALS WILL ENFORCE THIS
POLICY IN THEIR INSPECTIONS OF PERSONNEL AND EQUIPMENT PRIOR TO

DEPARTURE FOR THE AOR AND RETURN TO CONUS.

8. EXPIRATION. THIS POLICY WILL EXPIRE UPON THE COMPLETION OF
OPERATION DESERT SHIELD UNLESS RESCINDED, WAIVED OR MODIFIED.

9. WAIVER AUTHORITY. AUTHORITY TO WAIVE OR MODIFY THE PROHIBITIONS
OF THIS POLICY RELATIVE TO PERSONAL FIREARMS, ALCOHOLIC BEVERAGES,
SEXUALLY EXPLICIT MATERIALS AND GAMBLING IS DELEGATED TO THE CHIEF OF STAFF, USCINCENT.


DESIGNATED COMMANDING OFFICERS (UCO) FOR THE RESPECTIVE HOST NATION
AOR COUNTRIES MAY REQUEST WAIVERS PURSUANT TO THIS PARAGRAPH. (SEE
APPENDIX A TO CENTCOM REG 27-2. COMUSCENIAF IS UCO FOR SAUDI
ARABIA, EGYPT AND UGANDA; COMUSNAVCENT IS UCO FOR BAHRAIN, QATAR AND
U.A.E.) STAFF JUDGE ADVOCATES FOR THE UCO ARE TO COORDINATE ALL
WAIVERS THROUGH USCINCENT STAFF JUDGE ADVOCATE." END OF QUOTED TEXT.

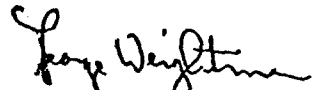
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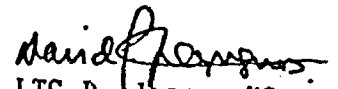
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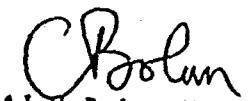
APPENDIX M

82nd AIRBORNE DIVISION BLOOD POLICY


LTC F. Gerber MSC
Commander
307th Medical Battalion
82nd Airborne Division


MAJ G. Weightman MC
Division Surgeon
82nd Airborne Division


LTC D. Jaques MC
Senior Medical Officer
307th Medical Battalion
82nd Airborne Division


MAJ C. Bolan MC
Blood Officer
307th Medical Battalion
82nd Airborne Division

November 1990

NOV 1990

Title: 82nd Airborne Division Blood Policy

CONTENT

1. Reference
2. Responsibility
3. Introduction
4. Scope
5. SOP Receipt of Blood Boxes and Blood
 - a. Temperature
 - b. Inventory
 - c. Unit Integrity
6. SOP Blood Storage
 - a. Refrigeration
 - b. Daily Inventory
7. SOP Blood Shipping and Transport
 - a. Container
 - b. Icing/re-icing
 - c. Shipping Document
8. SOP Blood Transfusion Request, Typing, and Administration
 - a. Definition of terms
 - b. Indications for transfusion
 - c. Blood Transfusion Request
 - d. Blood bank receipt of blood
 - e. Blood typing to identify Type A blood
 - f. Recording of Blood type
 - g. Release of blood for transfusion
 - h. Transfusion of blood
9. SOP Transfusion Reactions: Detection and Management
 - a. Signs and symptoms
 - b. Action
 - c. Medical management
10. SOP ~~Emergency~~ Blood Donation
11. SOP Blood Reports
12. Blood chest packing list

13. Preparation

FIGURES

1. Clearing Station Blood Transfusion Program Flow Diagram
2. Request Blood Safely. ATLS/Ward Poster 1
3. Transfuse Blood Safely. ATLS/Ward Poster 2
4. Release of Type A Blood - Miscellaneous Lab Slip

APPENDICES

1. Frequency and Compatibility of ABO Blood Types
2. Laboratory Blood Box Temperature Log.
3. Annex C Dometic Thermostabilizer Testing Results
4. Shipping Document DD Form 573
- ✓ 5. Transfusion Log
- ✓ 6. Blood Voice Template
7. Annex to Blood Voice Template
8. Log of Daily Blood Report
- * 9. Blood chest packing list

1. Reference: Technical Manual, 10th Edition. American Association of Blood Banks, 1990.
2. Responsibility: The division blood policy and blood program is established and supervised by the Division Surgeon. The medical battalion will appoint a blood officer to supervise implementation at the battalion level, each company will appoint a medical officer to handle blood issues and supervise the lab tech and company blood bank. This should be a specifically assigned extra duty. The lab tech has responsibility to maintain all necessary forms.
3. Introduction: The medical battalion clearing companies are the lowest echelon of medical care authorized to store and transfuse blood. By doctrine, clearing companies are authorized to request and administer "universal donor" Type O blood. This document outlines procedures for the proper storage handling, shipping, receipt and emergency transfusion of Type O blood. There are additional provisions for the administration of Type A blood, and if necessary, emergency blood donation during periods of critical supply shortages.
4. Scope:
 - a. Uncrossmatched blood will only be transfused to patients under emergency conditions when the benefits exceed the risks of transfusing uncrossmatched blood.
 - b. Patients in need of elective surgery or other situations that might require the routine transfusion of blood will be transferred to a medical treatment facility where full blood banking and crossmatch capability exists.
 - c. Type O blood is requested, maintained and administered under all conditions unless only A/O or random mix is available.
 - d. If only random mix or A/O blood is available, field expedient typing with anti-serum to Type A blood will be used to determine which patients have Type A blood. These patients will be transfused with Type A blood after confirmation by both positive and negative controls, and reverification of the patient's dog tag blood type. All other patients will receive Type O blood. (Figure 1, SOP Blood Transfusion)
 - e. The strategy outlined in (d) will allow clearing companies to utilize approximately 85% of random mix, or 100% of A/O blood in the event that Type O blood is not available. (Figure 1, SOP 1)
 - f. Except for the detection of Type A blood using a slide test with anti-A serum, no other blood typing or cross match testing will be performed.

- g. When possible, female patients will be transfused only with Rh negative blood and male patients with Rh positive blood.
- h. Each clearing company is responsible for maintaining 30 units of packed red blood cells, (60 uprbc surge during hostilities), in accordance with the SOP's outlined below. Blood product components other than packed red blood cells will not be maintained at the clearing company level.

5. SOP Receipt of Blood Box and Packed Red Blood Cells

a. Temperature

(1) Conduct temperature checks upon arrival of blood products. Place a thermometer between two units in the center of the container and leave in place for 5 to 10 minutes. The acceptable range for packed red blood cells is 1 to 6 degrees centigrade.

(2) Blood products maintained at temperatures outside the specified range are unacceptable. They are to be returned to the Blood Supply Unit for destruction.

(3) After checking the temperature, make the proper entries on DD Form 573: "Shipping Inventory of Blood Products".

b. Inventory - DD Form 573 is shown as Appendix 4

(1) Each box of blood should have a DD Form 573.

(2) Check each unit against the form. Make sure that the Unit Number, Blood Type (ABO & Rh), and expiration date match against each unit.

(3) Itemize any discrepancies and report them to the shipper.

(4) After completing the inventory, return a copy of the DD Form 573 to the shipper.

c. Unit Integrity

(1) Inspect units for appearance and integrity before storage.

(2) Make sure that no contaminated units are placed into storage.

(3) Make sure that all segmented tubings for each unit are properly attached.

6. SOP Blood Storage

a. Refrigeration - The Dometic thermostabilizer uses standard electricity to control temperature without the use of ice.

- (1) Store blood between 1 and 6 deg. C. in a blood box.
- (2) If necessary, place double-bagged ice above the blood. If possible, store in a cool place. Close the lid.
- (3) Record temperatures of units at least twice daily. Consider more frequent recordings if external temperatures are hot. An example of a laboratory temperature log is shown in Appendix 2.
- (4) The performance of the Dometic thermostabilizer under hot conditions is documented in Appendix 3.
- (5) If you use ice, re-ice every 24 hours or just prior to complete melting of the ice, whichever occurs sooner.
- (6) Anti-sera reagent bottles that have been opened for testing must be stored in the blood box and kept cool or the reagents will not be suitable for use.

b. Daily Inventory

- (1) Conduct the following inventory on a daily basis:
 - (a) Number of on hand units by blood type and expiration date. Record temperature in log.
 - (b) Number of units by blood type received that day.

7. SOP Shipping and Transport

a. Container

- (1) Use standard styrofoam blood boxes (NSN 8115-935-9761). This consists of a styrofoam box enclosed in a cardboard box.
- (2) Do not place more than 30 units in a blood box.
- (3) Ice each container with 12 to 14 lbs. of double-bagged ice. Ice should be placed on top of blood units.
- (4) Each container must have a properly filled-out DD Form 573. Complete required entries on the form.
- (5) Seal each cardboard box with tape and label with the following information:

- (a) To - (name and address of destination).
- (b) From (name and address of shipper).
- (c) Date and time that shipment was boxed and iced.

b. Icing/Re-icing.

- (1) Check ice every 24 hours.
- (2) If necessary, re-ice per instructions on blood box.

c. Shipping Document

- (1) Each container must have a DD Form 573.
- (2) Each unit of blood must be annotated on the form. Use one form per container.
- (3) All required entries must be completed.

d. All shipping must be coordinated in advance by completing daily reports using the blood voice template, SOP 11.

8. Blood Transfusion Request, Typing, and Administration

a. Definition of Terms

(1) O Phase - The blood bank has 100% Type O blood available. See Figure 1.

- (a) Blood typing is not necessary.
- (b) A specimen of the patient's blood is not needed.
- (c) Female patients are transfused with O negative blood, male patients are given O positive blood.

(2) A/O Phase - The blood bank has a mix of Type A and Type O blood, or a random mix of all blood types.

- (a) Blood typing will be performed on all patients to determine which patients have Type A blood.
- (b) A specimen of blood is obtained from all patients and carefully labelled to identify those patients with Type A blood.
- (c) Patients who do not have Type A blood will be transfused with Type O blood as described above for O Phase.
- (d) Female patients with Type A blood will be

transfused with A negative blood. Male patients with Type A blood will be transfused with A positive blood.

(3) A/O Phase is designed so that only patients who have all of the following receive Type A blood

(a) Positive slide test for Type A blood

(b) Dog tag blood type A, or type AB.

(c) Positive control with known Type A blood

(d) Negative control with known Type O blood.

(4) All other patients will receive O blood.

b. Indications for Transfusion with Blood

(1) Patients are transfused based on CLINICAL STATUS, NOT BASED ON LABORATORY VALUES

(2) ATLS guidelines recommend fluid resuscitation with crystalloid for patients with blood losses up to 20% of total blood volume.

(3) In general, it is easy to underestimate the amount of blood loss in young patients who may only show mild clinical signs of volume depletion.

b. Blood Transfusion Request

(1) A miscellaneous lab slip is labelled "BLOOD TRANSFUSION REQUEST".

(2) The following information is recorded on the lab slip:

(a) Patient name.

(b) Patient Dog Tag Blood Type

(c) Patient social security number

(d) Patient's sex recorded as "MALE" or "FEMALE"

(e) Date

(3) The requesting MD or PA signs the lab slip and indicates the number of units of prbc to be transfused.

(4) If the blood bank is in O Phase, the request is transported to the lab for logging and release of blood.

(5) If the blood bank is in A/O Phase a specimen of patient blood must be obtained, labelled, verified and transported

to the blood bank as follows:

(a) A specimen of blood is obtained in a blue or purple top tube, (EDTA or citrated anticoagulant), and labelled with the information in (2) a-e above.

(b) Before the specimen of blood leaves the patient bed side, the information on the specimen label is verified against the information on the "BLOOD TRANSFUSION REQUEST" lab slip.

(c) The phlebotomist will initial both the "BLOOD TRANSFUSION REQUEST" lab slip and the specimen label.

(d) Both the "BLOOD TRANSFUSION REQUEST" slip and specimen are transported to the blood bank.

c. Blood Bank Receipt of Blood

(1) The "BLOOD TRANSFUSION REQUEST" is personally handed to the lab tech. If a specimen accompanies the request, the lab tech will verify that the information on the specimen matches the request.

(2) Data from the "BLOOD TRANSFUSION REQUEST" slip, 8.b.(2) (a) - (e) are recorded into the appropriate columns in the blood bank log book. Appendix 5.

(3) O Phase - After proper receipt and logging of the request slip, Type O blood is prepared for release from the blood bank.

(4) A/O Phase - After proper receipt and logging of the specimen, the specimen is typed to determine if the patient has Type A blood.

d. Blood Typing to Identify Type A Blood - A/O Phase Only

(1) Blood typing is performed only to determine the presence of Type A blood.

(2) Patients are identified by blood typing as being either Type A or NOT Type A.

(3) Required Equipment

(a) Anti-A Typing Serum, 10 ml. NSN 6550-01-057-2642

(b) Test tube, 12 x 75 mm, disposable, glass borosilicate. NSN 6640-01-119-0013

(c) Applicator, plastic/wood 6" long NSN 6515-00-905 1473

(d) Slide, Microscope Plain NSN 6640-00-074-4191

(4) Typing Procedure:

(a) A glass slide is labelled with the patient's initials and last 4 of social security number.

(b) TEST MUST BE CONDUCTED AT ROOM TEMPERATURE

(c) Place one drop of Anti-A serum on a glass slide.

(d) One drop of anticoagulated blood is transferred from the specimen tube to the glass slide.

(e) Mix the slide completely with an applicator stick and gently rotate the slide.

(g) Observe the reaction for agglutination. Reaction should be complete in 15 - 20 seconds. Readings are accomplished macroscopically with the slide held against a white background.

(h) If there is no agglutination or if agglutination is doubtful, the blood type is recorded as "NOT Type A" on the "BLOOD TRANSFUSION FORM". The patient will be transfused with Type O blood.

(i) If agglutination is definitely present, the test is confirmed with positive and negative controls, and with the dog tag blood type; the result is confirmed as Type A. The patient will be transfused with Type A blood.

(j) SAVE SPECIMEN for 12 hours in lab. If a transfusion reaction is suspected, it must be sent with the patient

(5) Preparation of Controls

(a) Positive control, is prepared daily by making a 50 % suspension of Type A red blood cells in normal saline using known Type A blood obtained from the pig tail from a unit of blood in the blood bank.

(b) Negative control, is prepared daily as above except that pig tail blood from a known unit of Type O blood is used to prepare the suspension.

(c) The color of a 50 % suspension of red blood cells in normal saline is dark red.

(d) The positive control sample is stored in a small glass test tube labelled "Positive Control Type A".

(e) The negative control sample is stored in a small

glass test tube labelled "Negative Control Type O".

(f) Control samples are destroyed at the beginning of each day, and prepared fresh each morning.

(g) Controls must be kept in the cooled blood box when not in use.

(6) Using Controls and Dog Tag Blood Type to Confirm Type A Blood

(a) A glass slide is labelled "Positive Control" and steps 8 d. (4) b - e repeated.

(b) A second glass slide is labelled "Negative Control" and steps in 8.d.(4) b - e repeated.

(c) The patient's dog tag blood type is checked.

(d) If all of the following occur, the lab tech will record the patients blood type as Type A on the "BLOOD TRANSFUSION REQUEST" slip, and in the Blood Bank Transfusion Log:

- Agglutination of positive control
- No agglutination of negative control
- Patient's dogtag blood type is Type A, or Type AB.

(e) If any of the three steps in 8.b.(6)(d) do not occur the blood type should be listed as "NOT Type A" on the "BLOOD TRANSFUSION REQUEST" slip and in the Blood Bank Transfusion Log.

e. Recording of Blood Type in Transfusion Log Appendix 5

(1) After the patient's blood type has been determined to be either Type A or "NOT Type A" the result is recorded in the Blood Bank Transfusion Log.

(2) If the blood type is Type A, the results of the controls are also recorded in the Blood Bank Transfusion Log.

(3) The patient's blood type, recorded on the "BLOOD TRANSFUSION REQUEST" slip, is taken to the bedside and recorded on the patient's Field Medical Card.

f. Release of Blood for Transfusion

(1) The Blood Bank will release blood for transfusion as follows:

(a) O Phase - All patients are given Type O blood

(b) A/O Phase - Patients with Type A blood are transfused with Type A blood. Patients who do not have Type A blood will be transfused with Type O blood.

(c) Female patients will be given Rh negative blood.

(d) Male patients will be given Rh positive blood.

(e) Prior to releasing a unit of blood the blood bank will inspect the unit to ensure normal color and texture. Units that do not appear normal will not be released, and will be returned to Blood Supply Center.

(2) After selection of an appropriate unit of blood, the lab tech will record the blood type and unit number in the Blood Bank Transfusion Log next to the patient's name.

g. Transfusion of Blood

(1) Required equipment - All equipment necessary for transfusion is stored in the blood bank and is supplied with the unit of blood at the time of release.

(a) Blood recipient set, indirect transfusion Y-type
NSN 6515 01 128 1407

(b) Stopcock, IV therapy 3 way, long with luer connector. NSN 6515 00 864 8864

(c) Pressor infusor bag

(2) Only MD's, PA's, RN's or GIC's will administer blood to patients.

(3) Blood may only be transfused with NORMAL SALINE. Lactated ringers and dextrose containing solutions are not compatible with blood, but may be given to the patient through a separate line.

(4) Intravenous catheters should be at least 18G or bigger.

(5) Once released from the blood bank blood must be given to the patient within 4 hours of the time of release.

(6) Blood that has been released and warmed, but not used cannot be returned to the blood bank for recooling. Warming, and recooling of red blood cells causes hemolysis of cells which can cause a transfusion reaction.

(7) PRIOR TO INITIATING THE TRANSFUSION, the blood type of the unit being transfused will be verified.

(a) IF THE DONOR UNIT IS TYPE A, THE PATIENT'S BLOOD TYPE AS RECORDED ON THE DOG TAG AND FIELD MEDICAL CARD MUST ALSO BE TYPE A. If either are not Type A, the unit of blood will be returned to the blood bank and a unit of Type O blood obtained in its place.

(b) If the donor unit is Type O, it may be transfused without further verification.

(8) Transfusion Procedure

(a) Unit of blood is attached at one arm of the Y tubing, and normal saline attached at the other arm.

(b) The 3 way stopcock is attached to the base of the Y.

(c) The 3 way stopcock is connected to the IV catheter hub.

(d) The pressure bag is inflated around the unit of blood to expedite delivery of blood in accordance with manufacturer's instructions.

9. SOP Transfusion Reaction - Note: The transfusionist may be the first person to detect the presence of a transfusion reaction.

a. Any of the following may indicate a possible transfusion reaction:

- | | |
|----------------------------|------------------------|
| - hypotension | - shock |
| - bloody urine | - increased heart rate |
| - diffuse oozing, bleeding | - difficulty breathing |
| - fever | - itching |
| - chills or shakes | - dizziness |

b. If a Transfusion Reaction is suspected, the following procedure should be followed:

- STOP THE TRANSFUSION
- Continue to infuse normal saline through the IV line
- NOTIFY THE ATTENDING PHYSICIAN
- Check the unit blood type, patient blood type
- Check the Transfusion log data for the patient

c. Medical management of a transfusion reaction.

- Treat hypotension with volume
- Keep urine output > 100 cc/hr
- Consider if volume replete with poor urine output
- Exclude infection, anaphylaxis, volume overload

d. FURTHER WORK UP - If the patient is transferred to

another MTF, the pre-transfusion typing specimen, (purple top tube), and the suspected unit of packed red blood cells must accompany the patient.

- c. If further transfusion is required, the patient must be given O negative blood.

10. Emergency Blood Collection and Donation

- a. Drawn only for transfusion of whole blood in emergency situations when no other blood is available.
- b. Testing for viral infections such as hepatitis, HIV, and syphilis cannot be performed.
- c. Only whole blood can be collected.
- d. Required equipment:

- (1) Anti-coagulated blood collecting and dispensing bag 800 ml. NSN 6515 01 234 6831

- (2) Balance, trip lab. 2000 g. NSN 6670 00 401 7195 (Optional)

- (3) Stripper/sealer/cutter. NSN 6515 01 140 5267

- (4) Blood sealing collection clip. NSN 6515 01 140 5268

- (5) Anti-B serum. NSN 6500 01 057 2643

- e. Procedure

- (1) Only donors who are blood type A or O can donate blood.

- (2) Set up collection bag on trip balance, set weight to trip 4, 450 ml of blood. Alternatively, under emergency field conditions the volume collected may be estimated without using a scale.

- (3) Prep site, perform venipuncture, and draw blue top tube for typing.

- (4) Draw unit of blood, attach hemostats, apply aluminum clips, seal and cut tubing.

- (5) Label unit with patient name, date, social security number.

(6) Blood typing using both A and B anti-sera must be performed and compared with the donor dog tag blood type. The following chart is used to determine the blood type.

Result to Anti-A	Result to Anti-B	Result
No agglutination	No agglutination	O
Agglutination	No agglutination	A
No Agglutination	Agglutination	B
Agglutination	Agglutination	AB

(7) Because of antibodies against other ABO antigens present in the plasma of the donor's blood, whole blood that is collected and donated under emergency conditions must be FULLY TYPE MATCHED with the patient's blood:

a.) Type O blood should only be given to Type O patients. (WHOLE TYPE O BLOOD IS NOT "UNIVERSAL DONOR BLOOD")

b.) Type A blood must be only given to Type A patients, Type B blood must be only given to Type B patient's and Type AB blood only give to Type AB patient's.

c.) Because of the difficulty in fully typing whole donor blood as well as the patient's blood, and the resultant greatly increased risk of transfusion reactions, it is recommended that collection and transfusion of whole blood only be performed in an absolute medical emergency when it is impossible to obtain packed red blood cells through normal channels.

11. Daily Reports

a. A daily blood report must be filed with the Division Surgeon using the blood voice template and annex, examples are shown as Appendices 6 and 7. A copy of each days report should be maintained in the lab. Appendix 8.

b. Reference lines 10 and 12, only Type O (JS) blood should be requested.

c. Line 13, or narrative is used to relay information concerning locations, times, and dates for pick up of new blood and turn in of expired blood.

d. Reports are transmitted telephonically

12. Blood chest packing list. All equipment required to type and administer blood is kept in the lab, and packed in a number 5 chest. Appendix 9.

CLEARING STATION BLOOD TRANSFUSION PROGRAM

82nd ABN / 307th MED BN / NOV 90

Fig 1

Figure 1

O PHASE

Complete Transfusion Request Form

↓
Record Data in Lab Transfusion Log

RELEASE TYPE O BLOOD
Record Unit # in Log

Male Pt
Female Pt
Release O -

Confirm Pt Sex
Confirm Donor Unit O Type
TRANSFUSE

A/O PHASE

Complete Transfusion Request Form

Obtain matched Rec Blue DP Tube and Label

↓
VERIFY DATA ON FORM AND TUBE

↓
Record data from request form and specimen tube in Transfusion Log

SLIDE TEST WITH ANTI-A SERUM

NO AGGLUTINATION
NOT TYPE A BLOOD

POSITIVE AGGLUTINATION
TYPE A BLOOD

PERFORM CONTROLS WITH A + O
RECHECK DOG TAG BLOOD TYPE

ACCURATE
AGREE

Female Pt
Release A -

IN ACCURATE
DISAGREE

Repeat slide Test
Repeat controls
Notify M.D.

Confirm Pt Sex
Confirm Pt Blood Type A
TRANSFUSE

13. Preparation. This document was prepared for the Division Surgeon during Operation Desert Shield, November 1990. Technical advice was provided by Barbro Petersen, Blood Bank Director, King Fahed Military Medical Center, Saudi Arabia.



Guy Strawder, CPT MSC
CDR HQ & A Company
307th Med BN
82nd Airborne



Charles Bolan, Maj MC
B Company
307th Med BN
82nd Airborne

TRANSFUSION REQUEST PROCEDURE

Name
SS #
Sex

Dog Tag Info
init

NAME: ARMY SOLDIER		SPECIMEN/LAB RPT. NO.	
SS #: 220-222-22-2222		JSC:	
SEX: MALE		PRIORITY:	
DOG TAG BLOOD TYPE: A +		ROUTINE <input type="checkbox"/>	
A 2/504 82nd Abn		TODAY <input type="checkbox"/>	
		PRE-OP <input type="checkbox"/>	
		STAT <input type="checkbox"/>	
Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE		PATIENT STATUS:	
REQUESTING PHYSICIAN'S SIGNATURE: L. Reed		<input type="checkbox"/> BED <input type="checkbox"/> AMB	
REPORTED BY: [Signature]		<input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOM	
REMARKS: TRANSFUSION REQUEST		SPECIMEN SOURCE (Specify): blood	
Transfuse to uphrc		LAB IN NO. [Signature]	
DATE: 15 JAN 1950		MISCELLANEOUS:	
TIME: 1500		STANDARD FORM 100-104	
RESULTS:		Checked by: [Signature]	

RECORD INFORMATION, PA/MD SIGN, PHLEBOTOMIST INITIALS

* O PHASE - Verify all information, transport slip to lab

* A/O Phase - Obtain specimen (blue/purple top tube) labelled with:

1) Name 2) Sex 3) SS # 4) Date 5) Dog Tag Blood Type

Verify form same patient as lab slip; initial specimen tube & slip

TAPE specimen tube to lab slip

Transport specimen tube and slip to Blood Bank

1 KANSTUSE SAFELY!

Patient Information	ANY SOLDIER 20-222-22-2222 MALE DOG TAG BLOOD TYPE - A+ A 2/504-82nd A6n		SPECIMEN/LAB RPT. NO.	
	Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE		PATIENT STATUS <input type="checkbox"/> BED <input type="checkbox"/> AMB <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INP <input type="checkbox"/> HP <input type="checkbox"/> DOMA	
MD/PA Signature	REQUESTING PHYSICIAN'S SIGNATURE J. Reed	REPORTED BY	MD DATE	LAB ID NO.
	REMARKS TRANSFUSION REQUEST Transfuse i uprb BLOOD TYPE A (only)			
TESTS SPECIMEN TAKEN DATE 9 JAN 1500 PA REQUESTED		MISCELLANEOUS Transfuse i uprb BLOOD TYPE A (only)		

① Verify Patient Information Matches Patient Aid Card, FMC,

② Record Blood Type on Field Medical Card

(Give Blood with Normal Saline)

O PHASE - Transfuse Patients with O Blood - O- females
O+ males

A/O PHASE - BLOOD TYPE 'NOT A' → Type O as above

- BLOOD TYPE A or AB → A- Females
→ A+ Males

ONLY MAY GIVE A BLOOD TO TYPE A, AB PT

Observe ? Reaction → Fever, chills, Shortness of Breath, Itching, oozing blood, ↓ BP

Transfusion Reaction Suspected? 1) STOP TRANSFUSION 2) NOTIFY MD 3) Continue Normal Saline in IV. 310

ABO Frequency and Compatibility

Antibodies	anti B anti B	anti A anti A	anti B anti A anti B anti A	No antibodies
Cell Antigens	A A	B B		A B A B
Blood Type	A	B	O	AB
% in population	45%	10%	40%	5%
Can donate to	A, AB	B, AB	* UNIVERSAL * * DONOR * (A, B, AB, O)	AB
Can receive from	A, O	B, O	O	* UNIVERSAL RECIPIENT * (A, B, O, AB)
Mixing of cells (Agglutination test)	(AGGLUTINATION) POSITIVE	(NO AGGLUTINATION) NEGATIVE	(NO AGGLUTINATION) NEGATIVE	(AGGLUTINATION) POSITIVE

NOTES

1) Rh System - Rh system does not have antibodies present (ie no anti-Rh antibodies in Rh⁻ patients) unless previously stimulated by transfusion or pregnancy. Antibodies are IgG, develop 4-6 months after sensitization. About 95% of population is Rh⁺. In general, Rh mismatch does not cause acute transfusion reactions. However, a Rh⁻ woman sensitized with Rh⁺ blood develops IgG antibodies and if she subsequently becomes pregnant and fetus is Rh⁺ will develop chronic reaction → hemolytic disease of the newborn

Appendix 2

1001562	U 100	PC	90-11-0	CP0A-1	11	11	11	11	11
4766309	O Pos		90-11-08		6	5	5	5	5
4766311	O Pos		90-11-09		6	5	5	5	5
4766315	O Pos		90-11-09		6	5	5	5	5
1801970	O Pos		90-11-09		6	5	5	5	5
1801962	O Pos		90-11-09		6	5	5	5	5
2649803	O Pos		90-11-09		6	5	5	5	5
1801468	O Pos		90-11-09		6	5	5	5	5
2177564	O Pos		90-11-13		6	5	5	5	5
1801961	O Pos		90-11-09		6	5	5	5	5
4766312	O Pos		90-11-09		6	5	5	5	5
4766316	O Pos		90-11-09		6	5	5	5	5
2177620	O Neg		90-11-13		6	5	5	5	5
2177580	O Neg		90-11-13		6	5	5	5	5
2177596	O Neg		90-11-13		6	5	5	5	5
2177540	A Pos		90-11-13		6	5	5	5	5
2177538	A Pos		90-11-13		6	5	5	5	5
2177539	A Pos		90-11-13		6	5	5	5	5
2177593	A Pos		90-11-13		6	5	5	5	5
2177573	A Pos		90-11-13		6	5	5	5	5
2177571	A Pos		90-11-13		6	5	5	5	5
2177584	A Pos		90-11-13		6	5	5	5	5
2177522	A Pos		90-11-13		6	5	5	5	5
2177537	A Pos		90-11-13		6	5	5	5	5
2177536	A Pos		90-11-13		6	5	5	5	5
2570076	A Neg		90-11-13		6	5	5	5	5
2177637	A Neg		90-11-13		6	5	5	5	5
4766321	B Pos		90-11-13		6	5	5	5	5
2177590	B Pos		90-11-13		6	5	5	5	5
2177529	B Pos		90-11-13		6	5	5	5	5

* RawOD Temp Indicator Attached

UNCLAS	7 days UNTIL EXPIRATION DATE								
A) Del. Temp & Cal. Attached For Cross-Check									
B) Temp Fluctuations 2 & 8°C ; Fluctuates									
Report to NOSC Immediately									

ANNEX C: DOMETIC THERMOSTABILIZER TESTING RESULTS

I. TASK: DETERMINE CAPACITY OF THERMOSTABILIZER FLOOD STORAGE CONTAINER IN ARID ENVIRONMENT.

A. LOCATION AND CONDITIONS. Thermostabilizer was placed directly on the ground in a rock covered clearing 100 feet behind TFC #2 under a desert camouflage screen system, to be subjected to environmental conditions.

B. POWER SOURCE UTILIZED. Power source was a fixed, 110 volt electrical wall socket transferrad via a 100 foot extension cord. No additional fuse type inhibitors were utilized.

C. EQUIPMENT UTILIZED. Two glass thermometers (-10 to 200 C) were place inside the thermostabilizer in a water filled closed specimen container.

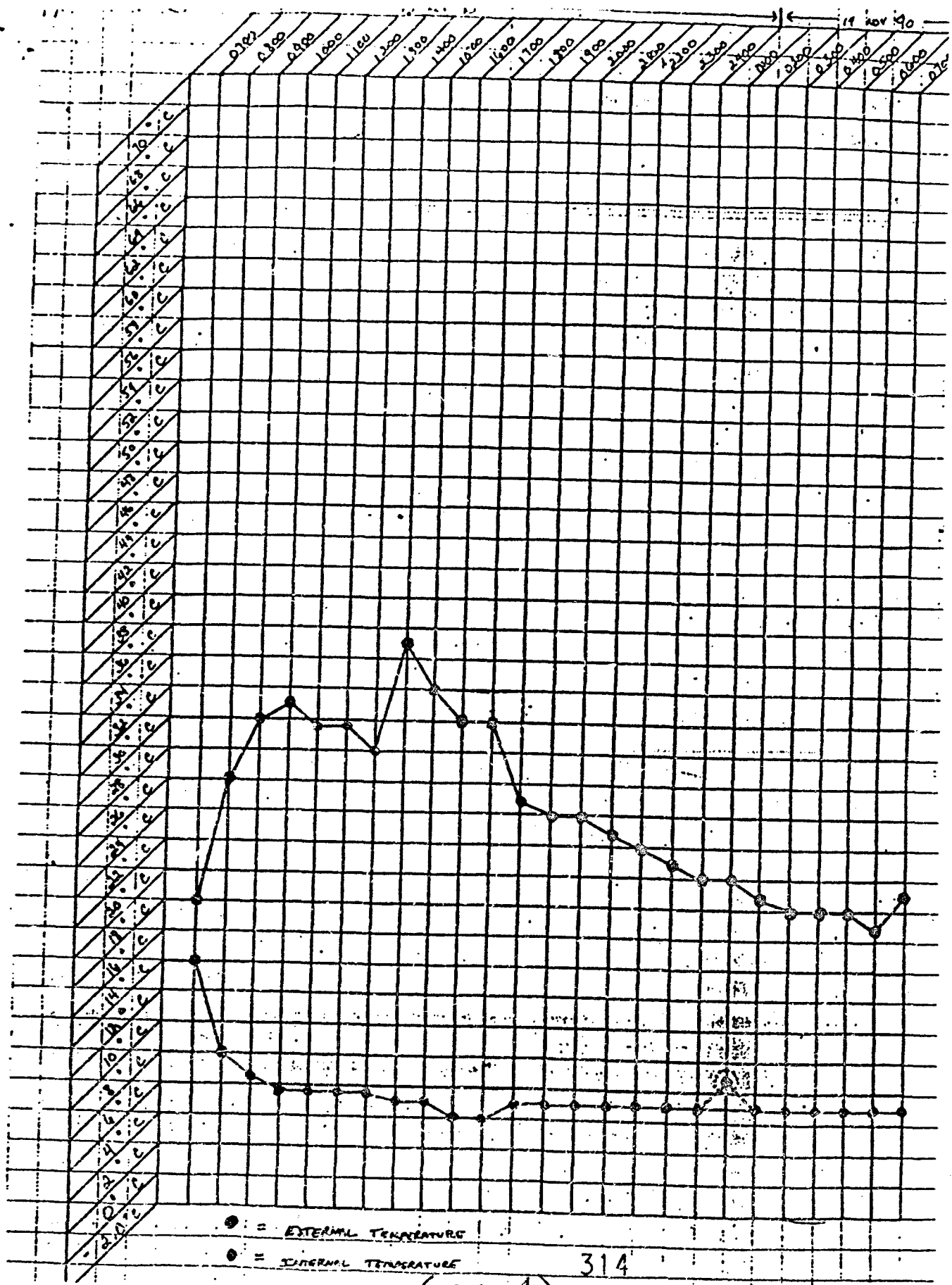
D. TEST DESCRIPTION.

1. The thermostabilizer was first removed from its power source, emptied of all contents and allowed to warm to ambient temperature for a 6 hour period.
2. Initial internal and external temperatures were recorded.
3. The unit external power supply was then attached (as described in paragraph B of this annex), and the unit was activated.
4. Hourly internal and external temperature readings were recorded for a period of 24 hours (Appendix 1 to Annex C) to ascertain if extreme fluctuation in external temperatures would affect the stabilizing capability of this container.
5. No contents or ice were added to the container.

E. RESULTS.

1. Temperature Ranges.
 - a. External: 17 to 35 degrees Celsius.
 - b. Internal: 4 to 14 degrees Celsius.
2. Mean Temperatures.
 - a. External: 24.2 degrees Celsius.
 - b. Internal: 5.8 degrees Celsius.
3. Significant Abnormal Test Results: Internal alarm system on thermostabilizer activated itself at 140100Z NOV 90. Instrument fuse was reset, and the cause of the temperature fluctuation investigated. Investigation was inconclusive.

F. CONCLUSION. The Dometic Thermostabilizer functioned well without the addition of ice or other contents which would have assisted the container in maintaining a stable temperature. Thermostabilizer functioned well under significant external temperature fluctuations, and initial testing indicates its potential applicability for continued use within the medical companies. Further evaluation will include prolonged periods of time under external temperatures with and without the assistance of contents to stabilize internal temperatures.



BLOOD INVENTORY FORM

RE-ICED	26 Nov 90
Spec. Rec'd by [Signature]	
APC 92 BIP	
Note:	8 Nov 90 - 26 Nov 90
3°C	No - Hemolysis
15.15 Pos	// 1st Nec

(DD 573 Not available)

Note: Should list each unit and type.

BLOOD BANK TRANSFUSION LOG

[illegible]

10C / DIV. SURG.

This is TMC #2

Blood Report Over

addressee answers, then originator responds

This is TMC #2

FLASH IMMEDIATE PRIORITY ROUTINE

(Underline and transmit the precedence of this message.)

TOP SECRET SECRET CONFIDENTIAL UNCLASSIFIED (Underline and transmit the security classification of this message.)

BLOOD REPORT

Line 1 (or as of) 26 0633 Z (Day-time-zone of this report. Use Zulu time!)

Line 2 (or unit) 307 MED (Reporting unit's name or designator code.)

Line 3 (or activity) H (Reporting unit's activity brevity code letter.)

Line 4 (or location) CHAMPION BASE (Unit location in LAT/LONG, UTM, or place name.)

Line 5 (or rendezvous) N/A (NAVAL VESSELS ONLY: Projected location in LAT/LONG or place name for delivery of blood products.)

Line 6 (or arrival) N/A (NAVAL VESSELS ONLY: Estimated time of arrival (day, time, time zone, month, year) at the projected location.)

Lines 7-12 may be repeated as a group when more than one activity must be reported in a message.

Line 7 (or status of) N/A (NAVAL VESSELS ONLY: Status of blood supplies if other than message originator.)

Line 8 (or activity) N/A (Reporting unit's activity brevity code letter if other than message originator.)

Line 9 (or on hand) 15 JSPOS // 1 JSNEG (Number and code of blood products on hand.)

Line 10 (or needed) 30 JSNEG (Number and code of blood products requested.)

Line 11 (or expiration) 15 JSPOS // 1 JSNEG (Estimate of total number of blood products by group and to expire in next 7 days.)

Line 12 (or resupply) 30 JSNEG (Estimate of total number of blood products by group and type required for resupply in the next 7 days.)

Line 13 (or narrative) 1) REQUEST PICKUP / EXCHANGE @ 86th EVAC

2) REFERENCE: LINE 10+12: MAY GIVE JSPOS AND/OR JSNEG

Line 14 (or time) NLT 26 0600 Z (Message hour-minute-zone when required. Use Zulu Time!)

Line 15 (or authentication is) _____ (Message authentication IAW JTF procedures.)

OVER

655th Medical Company (-) USAEUR Blood Bank
Operation Desert Shield

APPENDIX 7

APPENDIX 2 TO ANNEX B TO CHAPTER 1 TO PART 11 TO USAREUR AND SEVENTH ARMY

WAR: SOP (U)

BLOOD REPORT MENU (U)

MESSAGE MODIFIERS

MANAGEMENT
OFFICES:

- A Joint Blood Program Office
- B Area Joint Blood Program Office

FACILITIES:

- ~~C Armed Services Whole Blood Processing Laboratory~~
- D Blood Donor Center
- E Blood Products Depot
- F Blood Transshipment Center
- G Blood Supply Unit
- H Medical Treatment Facility X
- I Naval Vessel

BLOOD PRODUCTS:

- J Red Blood Cells (Packed) X
- K Whole Blood
- L Frozen Red Blood Cells
- M Fresh Frozen Plasma
- N Frozen Platelets

BLOOD GROUPS:

- O To Be Determined
- P To Be Determined
- Q Random Group and Type O, A, B
- R Random Group and Type O, A
- S Group O X
- T Group A
- U Group B
- V Group AB

TIME FRAME:

- W Required Within 12 Hours
- X Required Within 24 Hours
- Y Required Within 48 Hours X

MISCELLANEOUS:

- Z Not Applicable, or See Remarks

incl 3

27 Nov 90

A. Bu Toc

B. TMC #2

C. IMMEDIATE

D. UNCLASSIFIED

1.) 27 0633 Z

2.) 307 MED

3.) H

4.) CHAMPION BASE

5.) N/A

6.) N/A

7.) N/A

8.) N/A

9.) Ø

10.) 30 JS NEG

11.) Ø

12.) 30 JS NEG

13.) 1) REQUEST PICKUP @ 86 EVAS

2.) REFERENCE TO 10412 JS POS JS NEG

3.) REFERENCE TO 10412: STILL WAITING

ON THOSE UNIT ON 26 0630 Z

14.) ASAP

28 Nov 90

A.) Bu Toc

B.) TMC #2

C.) IMMEDIATE

D.) UNCLASSIFIED

1.) 28 0400 Z

2.) 307 MED

3.) H

4.) CHAMPION BASE

5.) N/A

6.) N/A

7.) N/A

8.) N/A

9.) Ø

10.) 30 JS NEG

11.) Ø

12.) 30 JS NEG

13.) 1) REQUEST PICKUP AT 86 EVAS

2) REFERENCE TO 10412: JS POS JS NEG

3) REFERENCE TO 10412: STILL WAITING

ARRIVAL OF THE BLOOD

14.) ASAP

Sent by Spec. Sent Jurgens

Received by Log. Guardian & PFC Pic

Appendix 4

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: **14 MAR 1991**

FILE NAME: LAB-2.PW

Date of Inventory:

BLOOD CHEST PACKING LIST

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-00-914-3500	Chest Med Inst & Supply No. 3	EA	1	-----
6550-01-057-2642	Anti-A typing serum 10ml	BT	3	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6640-00-782-6008	Pipet Bacteriological Pasteur	360s PG	1	-----
6640-01-049-2928	13x100mm Glass Test Tubes	1000s PG	1	-----
6640-00-074-4191	Glass Slide Microscope Plain 25x75	PG	4	-----
6515-00-303-8100	Applicator Disp Wood 1/12x6 1/4	864s PG	1	-----
6630-01-119-8575	Vacutainer 7ml EDTA Specimen Tube	100s PG	1	-----
6515-01-128-1407	Blood Recipient Set Y-Type	48s PG	*60	-----
6515-00-864-8864	Stopcock IV 3 Way 20-30 w/luer conn.	50s PG	*60	-----
6515-01-234-6831	Blood Collecting & Disp. Bag 800ml	4s PG	*6	-----
6515-01-140-5267	Stripper/Sealer/Cutter Bld Collect	PG	2	-----
6550-01-057-2643	Blood Grouping serum Anti-B 10cc	BT	2	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6515-01-003-2368	Needle Hypo CSA Blood Coll. 20Gage	1000s PG	*200	-----
6630-00-404-2220	Holder Blood Coll. Tube Plastic	12s PG	2	-----
7540-00-181-8344	Form Printed LAB Report Misc.	100s HD	1	-----
6515-00-786-3736	Pad Isopropyl Alcohol Impreg	100s PG	2	-----
6515-00-334-7100	Forceps Hemo Rankin Str Jan 1.046inch	EA	2	-----
6510-00-926-8882	Tape Adhesive Surgical Porouslinx10yd	12s PG	2	-----
6510-00-782-2700	Sponge Surgical Guaze 2x2	200s PG	2	-----
6515-01-146-7794	Tourniquet Non Pneumatic Adult	EA	2	-----
	<i>Sodium CHLORIDE 500ml</i>	EA	50	-----

EQUIPMENT STORED UNDER FIELD TABLES

1 :
INSTRUCTION AMBIGUOUS
MAY HAVE TRN
SUBS IN PARS (1)
P2 D2C4
SIMP L2C4

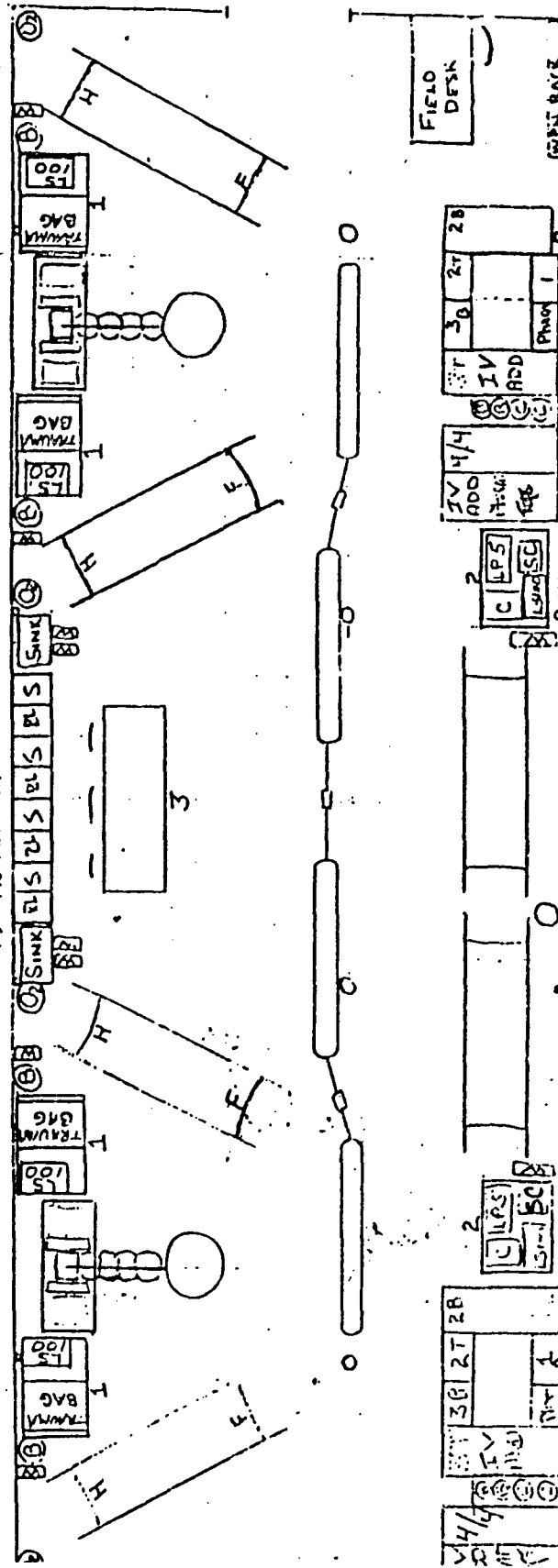
2
Igloo
Cooler

BLANKET
PACK (2)
(LAB THING)

Equipment stored in and under equipment
SAND BAGS (ON CHEST BASE)
(4) CERUCAL COLLARS (ON ARM)
(2) 75 GNL OF TANKS IN REG. MITSKS

501X73 AI

13. RIVERS LACTATE 10001111- (CASES) → ONE DAYS SUPPLY



307 MEDICAL BATTALION ATLS TENT SET-UP

APPENDIX N

APPENDIX O

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Packing List
Effective:

FILE NAME: INDEX.PW

PACKING LIST INDEX

<u>SECTION</u>	<u>NAME</u>
1	Advance Trauma Life Support (ATLS) Module Effective date:
2	Advance Trauma Life Support Resupply (ATLSRS) Module Effective date:
3	IV Additives Chest Effective date:
4	Pharmacy Chest Effective date:
5	Patient Hold Module Effective date:
6	Laboratory Chest Effective date:
7	Laboratory Blood Chest Effective date:
8	Surgical Team Module Effective date:
9	Surgical Team Anesthesia Module Effective date:
10	Trauma Bag Effective date:
11	Trauma Vest Effective date:
12	91A M5 Medical Bag Effective date:
13	91B M5 Medical Bag Effective date:
14	M996 Ground Ambulance Effective date:

NOTE: * Denotes recent change.

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: ATLSMOD.FW

Date of Inventory:

ADVANCED TRAUMA LIFE SUPPORT (ATLS) MODULE
CHEST #1 - ATLS SICK CALL

NSN	NOMENCLATURE	U/I	QTY	Q/H
6545-00-299-8649	Insert Cabinet Medical Instrument	EA	1	-----
6545-00-914-3480	Chest Medical Instrument & Supply	EA	1	-----
<u>DRAWER #1</u>				
6135-00-120-1020	Battery, Dry 1.5 Volt, Size "D"	EA	24	-----
6230-00-125-5528	Flashlight, Patient Exam, 12s	PG	1	-----
6230-00-264-8261	Flashlight, Right Angle	EA	1	-----
6230-00-643-3562	Lantern, Electric, 6 Volts	EA	2	-----
6505-00-153-8809	Lubricant, Surgical, 4oz	TU	2	-----
	Lot # _____ Exp. Date _____			
6515-00-584-2893	Infuser, Pressure	EA	2	-----
7510-00-164-8865	Pencil, Lead Graphite, 12s	PG	1	-----
7520-00-164-8950	Pencil, Mechanical	EA	5	-----
6520-01-058-9978	Pens, Black	DZ	1	-----
6515-00-374-2220	Stethoscope	EA	2	-----
6515-01-039-4884	Sphygmomanometer	EA	2	-----
<u>DRAWER #2</u>				
6515-00-149-1405	Thermometer, Human, Oral	EA	15	-----
6515-00-149-1407	Thermometer, Human, Rectal	EA	15	-----
<u>DRAWER #3</u>				
6505-00-435-0377	Furosemide, Inj., 10mg/2cc, 5s	PG	2	-----
	Lot # _____ Exp. Date _____			
6505-00-258-8530	Haloperidol, Inj., 5mg/cc, 10s	PG	1	-----
	Lot # _____ Exp. Date _____			
<u>DRAWER #4</u>				
6515-00-340-6700	Hammer, Reflex	EA	1	-----
6515-00-935-7138	Scissors, Bandage, 7.25"	EA	3	-----
<u>DRAWER #5</u>				
6505-00-079-7867	Naloxone HCL 0.4mg/1cc, 10s	BX	1	-----
	Lot # _____ Exp. Date _____			
6505-00-148-7177	Diphenhydramine HCL 50mg/cc 10s	BX	6*	-----
	Lot # _____ Exp. Date _____			

ATLSMOD - 1

207th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: ATLSMOD.PW

Date of Inventory:

CHEST #1 - ATLS SICK CALL (CONTINUED)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>Q/H</u>
<u>DRAWER #6</u>				
6515-00-926-9043	Syringe, Cartridge	EA	3	-----
6505-00-133-4449	Epinephrine 1:1000	10s BX	2	-----
	Lot # _____ Exp. Date _____			
6505-01-013-9941	Terbutaline Inj., 1mg/cc,	10s PG	2	-----
	Lot # _____ Exp. Date _____			
<u>DRAWER #7</u>				
6515-00-926-8955	Tube, Drainage, Penrose	12s BX	1	-----
6505-00-543-4048	Water for Inj Sterile, 5cc	25s BX	5*	-----
	Lot # _____ Exp. Date _____			
<u>DRAWER #8</u>				
6505-00-754-2547	Atropine Sulfate Inj., 0.4mg/cc, 20cc	VI	2	-----
	Lot # _____ Exp. Date _____			
6505-00-963-5355	Dexamethaxone Inj., 4mg/cc, 5cc	VI	10	-----
	Lot # _____ Exp. Date _____			
<u>DRAWER #9</u>				
6515-00-687-8052	Airway, Phar Berman, Large	12s BX	4*	-----
6515-00-754-0425	Razor, Surgical Prep, Straight	EA	2	-----
6515-00-754-0426	Blade, Surgical Prep,	5s PG	2	-----
6515-00-926-9201	Connector, Surgical Tubing	PG	6	-----
6515-00-043-1739	Blade, Surgical Prep #10,	150s PG	10*	-----
6515-00-043-1793	Blade, Surgical Prep #15,	150s PG	10*	-----
6515-00-344-7800	Handle, Surgical Knife #3	EA	2	-----
<u>DRAWER #10</u>				
6510-00-926-8881	Tape, Adhesive, Surgical 0.5	24s PG	1	-----
6510-00-926-8882	Tape, Adhesive, Surgical 1"	12s PG	1	-----
<u>DRAWER #11</u>				
6505-00-582-5183	Lidocaine with Epi. 1% 50cc	5s PG	1	-----
	Lot # _____ Exp. Date _____			
6505-00-598-6116	Lidocaine 1% without Epi. 50cc	BT	3	-----
	Lot # _____ Exp. Date _____			

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: ATLSMED.PW

Date of Inventory:

CHEST #1 - ATLS SICK CALL (CONTINUED)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>D/H</u>
<u>DRAWER #12</u>				
6515-00-754-2836	Needle, Hypodermic 20ga 1.50,	100s BX	1	-----
6515-01-149-3527	Needle, Hypodermic 27ga 1.25,	100s BX	1	-----
<u>DRAWER #13</u>				
6510-00-926-8884	Tape, Adhesive, Surgical 3"	4s PG	2	-----
<u>DRAWER #14</u>				
6505-01-125-3253	Mannitol Inj., 25%, 50cc	25s PG	10*	-----
	Lot #_____ Exp. Date_____			
<u>DRAWER #15</u>				
6505-00-786-3736	Pad, Alcohol	100s BX	1	-----
6510-01-010-0307	Pad, Povidine-Iodine	100s BX	1	-----
<u>DRAWER #16</u>				
6530-01-211-4810	Brush-Sponge Surg Scrub Imp	200s PG	4*	-----
<u>DRAWER #17</u>				
6515-00-324-5500	Depressor, Tongue, Wood	100s BX	2	-----
6505-00-139-4460	Dextrose Inj., 50%, 50cc	10s PG	2*	-----
	Lot #_____ Exp. Date_____			
<u>DRAWER #18</u>				
6505-00-560-7331	Silvadene, Cream 2oz prepaks	JR	10*	-----
	Lot #_____ Exp. Date_____			
6515-00-550-7199	Oto-Ophthalmoscope	EA	1	-----

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1971

FILE NAME: ATLSMOD.PW

Date of Inventory:

CHEST #1 - ATLS SICK CALL (CONTINUED)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
<u>DRAWER #19</u>				
6510-01-107-7575	Pad, Cotton Gauze	50s	PG	10*
6515-00-550-7199	Oto-Ophthalmoscope, Set, Battery		EA	1
6505-00-582-4737	Tetracaine, 0.5%		BT	2
	Lot # _____ Exp. Date _____			
6505-01-159-1493	Flourescein Opth. Strips,	300s	PG	1
	Lot # _____ Exp. Date _____			
6515-00-185-9482	Flashlight, Eye Exam, Disposable		EA	2
6505-01-147-2084	Ophthalmic Irrigating Solution		BT	2
	Lot # _____ Exp. Date _____			
6515-00-905-1473	Applicator, Cotton Tip	2000s	PG	20*
6505-00-432-1065	Gentamicin Opth. Ointment		TU	2
	Lot # _____ Exp. Date _____			
<u>DRAWER #20</u>				
6515-00-982-4205	Syringe and Needle 1cc, 25ga	100s	PG	50*
6515-00-754-0412	Syringe, Hypodermic 10cc	100s	PG	40*
<u>DRAWER #21</u>				
6515-00-754-0412	Syringe, Hypodermic 10cc	100s	PG	10*
6515-00-724-4606	Syringe, Hypodermic 20cc	100s	PG	10*
<u>DRAWER #22</u>				
6505-01-175-1228	Cefuroxime 750mg, Vial	25s	PG	1
	Lot # _____ Exp. Date _____			
6505-01-213-9514	Gentamycin 40mg/2cc	25s	PG	1
	Lot # _____ Exp. Date _____			
6505-00-993-3518	Ampicillin 1mg, Vial		BT	30
	Lot # _____ Exp. Date _____			

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

ATLSMOD - 4

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: ATLSMOD.PW

Date of Inventory:

ADVANCED TRAUMA LIFE SUPPORT (ATLS) MODULE
CHEST #2 -- BANDAGES/DRESSINGS

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-00-914-3500	Chest Medical Ins. and Supply, #5	SE	1	-----

TOP OF CHEST

6510-00-935-5805	Bandage, Gauze, Tubular 2"x25yds	RO	1	-----
6510-00-200-7010	Bandage, Gauze, Tubular 5/8"x30yds	RO	1	-----
6510-00-935-5822	Bandage, Elastic, 4"x4.5yds, 12s	PG	1	-----
6510-00-935-5823	Bandage, Elastic, 6"x4.5yds, 12s	PG	1	-----
6510-01-153-2857	Dressing, Burn, Sterile 2x3 15s	PG	5*	-----
6530-00-890-2025	Stand, Basin, Folding	EA	2	-----

BOTTOM OF CHEST

6510-00-074-4579	Sponge, Surg Post-Op 4x4" 1200s	PG	400*	-----
6510-00-159-4883	Dressing, First Aid, Fld, Camo 4x6	EA	24	-----
6510-00-201-1755	Bandage, Muslin, Compressed, Camo	EA	30	-----
6510-00-201-7425	Dressing, First Aid Fld, 11 3/4"	EA	8	-----
6510-00-201-7430	Dressing, First Aid Fld, 7.5x8"	EA	10	-----
6510-00-582-7992	Bandage, Gauze 4.5x5yds, 12s	PG	2	-----
6510-00-782-2698	Sponge, Surg, Nonsteril 4x4, 200s	PG	6	-----
6530-00-772-5935	Sponge, Brush, Surgical	EA	10	-----
NON-STANDARD	Halogen Surgical Head Lamp	EA	1	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

ATLSMOD - 5

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: ATLSMOD.PW

Date of Inventory:

ADVANCED TRAUMA LIFE SUPPORT (ATLS) MODULE
CHEST #3 - AIRWAY MANAGEMENT

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-00-914-3500	Chest Medical Ins. and Supply, #5	EA	1	-----
TOP OF CHEST				
See ANNEX A	ATLS Trauma Pack	EA	4	-----
See ANNEX B	Incision and Drainage Tray Set	EA	10	-----
6515-00-043-1739	Blade, Surgical Knife #10, 150s	PG	1	-----
6515-00-043-1783	Blade, Surgical Knife #15, 150s	PG	1	-----
6515-01-106-1352	Skin, Marker, Surgical, Disposable	EA	10	-----
6515-01-124-9781	Cannula, Tracheostomy, Shiley Sz8	EA	15	-----
6515-01-094-1477	Nebulizer, Inhalation Therapy	EA	5	-----
BOTTOM OF CHEST				
6515-01-256-4978	O2 Nipple Adapter	EA	2	-----
4720-00-141-9080	Tubing, Nonmetallic, Rubber 3/16"	FT	10	-----
6510-00-202-0800	Gauze, Petroleum 3x18", 12s	PG	2	-----
6515-00-105-0744	Tube, Endo Murphy 7mm, 10s	PG	2	-----
6515-00-105-0759	Tube, Endo Murphy 8mm, 10s	PG	2	-----
6515-00-225-9719	Tube, Stomach, Surg Levin 16Fr50s	TU	10	-----
6515-00-332-3300	Forceps, ET Tube, Magill	EA	2	-----
6515-00-346-5052	Laryngoscope, Macintosh	EA	1	-----
6515-00-375-1100	Stylet, Cath, Tube, Malleable	EA	2	-----
6515-00-458-8411	Cath & Conn, Suction Endo 14Fr50s	PG	10*	-----
6515-00-458-9416	Cath & Conn, Suction Endo 18Fr50s	PG	10*	-----
6515-00-763-7366	Tube & Drainage, Surg Str., 32Fr,	PG	3	-----
6515-00-926-9150	Valve, Surg. Drain, Chest, Hemlich	PG	3	-----
6515-01-140-5333	Mask, Multi-concen Oxygen 50s	PG	11*	-----
6515-01-023-4531	Trousers, Pneumatic Anti-Shock	EA	2	-----
6515-01-153-5679	O2 Nasal Prongs	EA	6	-----
6515-00-872-0731	Tube Yankauer (Suction Cath) 50s	PG	6*	-----
6530-00-792-6000	Rod Irrigator Supporting	EA	2	-----
6505-00-132-5181	O2 Cylinder 95 Gal (D size)	EA	2	-----
6680-00-935-4242	Regulator	EA	5	-----
8120-00-550-2484	Yoke Adapter (for above regulators)	EA	2	-----
6515-01-273-9760	Electrode Pads	PG	1	-----
6515-01-253-2514	Resuscitator Ambu Bag Set	EA	1	-----
6515-00-935-6592	Pneumatic Arm Splint	EA	2	-----
6515-00-935-6593	Pneumatic Leg Splint	EA	2	-----

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: ATLSMOD.PW

Date of Inventory:

ADVANCED TRAUMA LIFE SUPPORT (ATLS) MODULE
CHEST #3 - AIRWAY MANAGEMENT (CONTINUED)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>D/H</u>
6515-00-159-4900	Suture Non-Absorbable Surgical 6-0	PG	1	-----
6515-00-966-3735	Suture Non-Absorbable Surgical 5-0	PG	1	-----
6515-00-965-2253	Suture Non-Absorbable Surgical 4-0	PG	1	-----
6515-00-159-4845	Suture Non-Absorbable Surgical 3-0	PG	1	-----
6515-01-143-3743	Suture Non-Absorbable Surgical 0	PG	2	-----
6515-01-061-7811	Flynn Inhalator Resuscitator, Manually Operated	EA	1	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

ATLSMOD - 7

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: ATLSMOD.PW

Date of Inventory:

ADVANCED TRAUMA LIFE SUPPORT (ATLS) MODULE
ANNEX A - ATLS TRAUMA PACK

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6515-00-334-4900	Forceps, Hemo, Curved Halstead 5"	EA	4	-----
6515-00-334-3800	Forceps, Hemo, Curved Kelly 5.5"	EA	6	-----
6515-00-334-4300	Forceps, Hemo, Cvd, Rochester-Pean	EA	4	-----
6515-00-332-0300	Forceps, Tissue, Str, Allis, 6"	EA	4	-----
6515-00-065-3181	Forceps, Hemo, Half Cvd, Mixter 7.5"	EA	1	-----
6515-00-334-9500	Forceps, Hemo, Curved Pean 9"	EA	2	-----
6515-00-299-8786	Holder, Suture, Needle Hegar-Mayo 6"	EA	2	-----
6515-00-619-8219	Holder, Suture, Needle Webster 5"	EA	2	-----
6515-00-320-4600	Forceps, Towel, Backhaus 5.25"	EA	2	-----
6515-00-364-0520	Scissors, Gen, Surg, Cvd, 6.75"	EA	1	-----
6515-00-365-7100	Scissors, Tonsil, Cvd Metenzebaum 7"	EA	1	-----
6515-00-364-0900	Scissors, Gen, Surg, Str, Mayo 5.5"	EA	2	-----
6515-00-337-9900	Forceps, Tissue, Straight, 5.5"	EA	2	-----
6515-00-337-7800	Forceps, Tissue, Str, Adson 4.5"	EA	2	-----
6515-00-333-3600	Forceps, Dressing, Str, 5.5"	EA	1	-----
6515-00-344-7800	Handle, Surg Knife, Det, Blade #3	EA	2	-----
6515-00-342-2500	Hook, Dura, Frazier 5"	EA	2	-----
6515-00-361-8980	Retractor Trach Hupp, 3 Sharp Prong	EA	2	-----
6515-00-926-9193	Retractor Mastoid Weitlaner 3vs 4 Blunt Prong	EA	2	-----
6515-00-360-9200	Retractor Set, Gen, Op, Double Ended	SE	2	-----
6515-00-356-7100	Probe, Bullet, Fluhrer, 8"	EA	1	-----
6515-00-119-0017	Probe, Gen, Op, 8"	EA	1	-----
6530-01-127-6612	Wrapper, Steril, Paper 25"sq, 500s	EA	2	-----
6530-00-793-9945	Tray, Instrument 10.5" x 8" x 2"	EA	1	-----

NOTE: Each ATLS Trauma Pack consists of the above instruments packed in the Instrument Tray, then wrapped in the sterile wrapper and sterilized. The Trauma Pack is designed to provide the surgical instrumentation required to initiate and sustain a variety of basic resuscitative procedures. The Trauma Pack enhances instrumentation found in the Trauma Bag and Vest packing lists. When fewer numbers of instruments are required to support a resuscitation, the Incision and Drainage Tray Set (See ANNEX B) may be sufficient.

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: ATLSMOD.PW

Date of Inventory:

ADVANCED TRAUMA LIFE SUPPORT (ATLS) MODULE
ANNEX B - INCISION AND DRAINAGE TRAY SET

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6515-01-153-4910	Incision and Drainage Tray	EA	10	-----
6515-00-364-4800	Scissors, Iris 4-4.5" Lg Str Blade	EA	10	-----
	Sharp Point Finger Ring			
6515-00-584-3738	Forceps, Tissue Brown-Adson 4.5 Lg	EA	10	-----
	Tweezer Straight & Smooth Jaw			
6515-00-619-8219	Holder, Suture Needle Webster 5" Lg	EA	10	-----
	Straight Jaw Lock			
6515-01-151-1807	Envelope/Sterilization, Plastic	EA	10	-----
	Self Sealing			

NOTE: An incision and drainage set consists of the Incision and Drainage Tray with one each scissors, forceps and suture holder (individually packed in the plastic envelopes and sterilized) and then rubber banded around the Incision and Drainage Tray. When available, Non-Standard BAXTER brand disposable instruments are used in lieu of the nondisposable instruments. The Incision and Drainage Tray Sets were designed to provide the basic instrumentation required for basic incisions, debridements, suture removal, etc. The scissors, forceps and needle holders are individually packaged so that if they are not required for a procedure, they will remain sterile for use in other procedures. The Incision and Drainage Tray Sets compliment instruments found in the Trauma Bag/Vest and ATLS Trauma Packs.

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: ATLSMOD.PW

Date of Inventory:

ADVANCED TRAUMA LIFE SUPPORT (ATLS) MODULE
CHEST #4 - IV STARTERS/GLOVES

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-00-914-3500	Chest Medical Ins. and Supply, #5	EA	1	-----
TOP OF CHEST				
See IV Starter Kit Packing List	IV Starter Kits (Consisting of following items packed together in Envelope/Sterilization bag):	EA	100	-----
IV STARTER KIT PACKING LIST				
6530-01-151-1807	Envelope/Sterilization Paper, Self Sealing	400s PG	1*	-----
6515-00-115-0032	IV Injection Set	48s PG	1*	-----
6515-00-243-9695	IV Catheter 18ga 1.25"	50s PG	1*	-----
6515-01-050-6370	IV Catheter 16ga 2"	50s PG	1*	-----
6510-01-010-0307	Betadine Swab	100s BX	2*	-----
6505-00-786-3736	Alcohol Swab	100s BX	2*	-----
6510-01-060-1639	Tape, Single Use	100s PG	1*	-----
6510-01-101-8936	Dressing, Occlusive	100s PG	1*	-----
6510-00-058-4421	2x2 Gauze	3000s PG	2*	-----

BOTTOM OF CHEST

6505-00-261-7257	Benzoin Tincture Compound USP 1pt.	CN	1	-----
6505-00-491-7557	Povidine-Iodine Cleansing Solution 7 1/2 %, 4 Fluid oz 12s	PG	1	-----
6515-00-724-4606	Syringe, 20cc, 100s	100s PG	1	-----
6530-00-771-0225	Basin, Wash, Stainless, 9qt.	EA	2	-----
9999-00-009-1380	US Field Medical Card DD Form 1380	BK	12	-----
6515-00-149-0105	Catheterization Pack Ureth 18 FR	EA	9	-----
6515-00-462-0832	Gloves, Patient, Nonsterile	100s PG	3	-----
6515-01-149-8841	Gloves, Patient, Steril 7.5",	50s PG	3	-----
6515-01-150-7842	Support, Cervical	EA	4	-----
6515-00-982-7493	Mask, Surg Blue, Nonsterile	50s PG	1	-----
6515-00-864-8864	Stopcock, IV 3 way,	50s PG	1	-----
6510-01-010-0307	Povidone/Iodine, Pads,	100s BX	1	-----
6505-00-786-3736	Alcohol Pads,	100s BX	1	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective: 22 January 1991

FILE NAME: ATLSMOD.FW

Date of Inventory:

ADVANCED TRAUMA LIFE SUPPORT (ATLS) MODULE
 NON-CONTAINERIZED ITEMS

NSN	NOMENCLATURE	U/I	QTY	O/H
6505-00-083-6537	Ringers Inj Lactated USP 1000ml,12s Lot # _____ Exp. Date _____	BX	18	-----
6505-00-083-6544	Sodium Chlor Inj USP .9% 1000ml,12s Lot # _____ Exp. Date _____	BX	18	-----
6505-00-132-5181	Oxygen, USP, 95gal. Tank (D Cyl)	EA	4	-----
6515-01-076-3577	Impact Suction	EA	2	-----
6515-01-076-4714	Splint, Traction, Telescoping Hare	EA	2	-----
6530-00-660-0034	Support, Litter, Folding, Lightweight	PR	3	-----
6530-01-034-6307	Jug, Needle, Disposal	EA	2	-----
6530-00-783-7905	Litter Folding Rigid Pole	EA	10	-----
6530-00-937-2204	Light, Surgical, Fld, 115vAC/24vDC	EA	1	-----
6530-01-119-0012	Spineboard, Long 72x18"	EA	3	-----
7105-00-710-0210	Table, Folding Legs, Lab	EA	2	-----
7240-00-089-3827	Can Water Plastic 5gal.	EA	5	-----
7105-00-269-9275	Table Folding Field	EA	3	-----
6505-00-132-5199	Oxygen USP 1650 Gal Tank (H Cyl)	EA	3	-----
6840-00-926-9117	Disinfectant GP Glutaraldehyde 1Gal	PG	2	-----
6505-00-994-7224	Povidine Iodine Sol 10% 1Gal	BT	2	-----
6530-00-784-4205	Litter Straps (packed in one sandbag)	EA	20	-----
	Spineboard Short	EA	2	-----
NON-STANDARD	Life Stat 100's (one for Mobile Treatment Sqd; 2ea in Two of the 3 Remaining ATLS Modules)	EA	7	-----
NON-STANDARD	Life Pak 5 (1ea for Mobile Treatment Squad, 2ea in ATLS Tent.)	EA	3	-----
NON-STANDARD	Life Pak Battery Charger (1ea in Mobile Treatment Squad Forward, 1ea in ATLS Tent)	EA	2	-----
6545-00-911-1300	Blanket Set	SE	1	-----
7210-00-935-6666	Blanket, Casualty Lightweight (packed inside Blanket Set above)	EA	24	-----
	Sand Bags 100s	BD	1	-----
NON-STANDARD	Igloo Cooler	EA	1	-----
NON-STANDARD	Tube Light Set (4 each)	SE	1	-----
NON-STANDARD	Extension Cords 100 ft	EA	2	-----
NON-STANDARD	Extension Cords 50ft	EA	4	-----
NON-STANDARD	Extension Cords 25ft	EA	4	-----
NON-STANDARD	Junction Box (with at least 4-6 plug-in positions)	EA	4	-----
NSN	Field Desk	EA	1	-----

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 24 March 1991

FILE NAME:ATLSRES.PW

Date of Inventory:

ATLS RESUPPLY
CHESTS #1 & 2

<u>NSN</u>	<u>NOMENCLATURE</u>		<u>U/I</u>	<u>QTY</u>	<u>D/H</u>
6545-00-914-3500	Chest Med Inst & Supply No. 5		EA	1	-----
	TOP				
6510-00-201-2890	Band Comp Camo 18x22"		EA	3	-----
6510-00-935-5821	Band Cot Elas 3'x4 1/2yd	12s	PG	4*	-----
6510-00-372-1200	Splint Wood 18x4x3/16"	12s	PG	1	-----
6515-00-935-6592	Splint Pneu Adult Arm		EA	3	-----
6515-00-935-6593	Splint Pneu Adult Leg		EA	3	-----
	BOTTOM				
6510-00-058-4421	Sponge Surg Gauze 2x2"	3000s	PG	300*	-----
6510-00-047-4579	Sponge Surg Post-op 4x4"	1200s	PG	400*	-----
6510-00-116-1285	Sponge Surg Gauze Radio 4x8"	800s	PG	160*	-----
6510-00-159-4883	Dressing First Aid Fld 4x6"		EA	40	-----
6510-00-201-1755	Band Muslin Camo 37x37x52"		EA	30	-----
6510-01-201-7425	Dressing First Aid Fld 11 3/4"sq		EA	20	-----
6510-00-201-7430	Dressing First Aid Fld 7 1/2x8"		EA	20	-----
6510-00-582-7992	Band Gauze 6 Ply 4 1/2"x5yd	12s	PG	2	-----
6510-00-935-5823	Band Cot Elas 6"x4 1/2yd	12s	PG	2	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 24 March 1991

FILE NAME:ATLSRES.PW

Date of Inventory:

ATLS RESUPPLY
CHEST #3

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-00-914-3500	Chest Med Inst & Supply No. 5	EA	1	-----
TOP				
6505-00-914-3593	Povidone-Iodine Top Sol 10% .5oz 50s P.Q-36 Lot # _____ Mfd/Exp _____	BX	1	-----
6510-00-116-1285	Sponge Surg Gauze Radio 4x8" 80s	PG	2	-----
6510-00-159-4883	Dressing First Dia Fld 4x6"	EA	8	-----
6510-00-201-1755	Band Muslin Comp Camo 37x37x52"	EA	60	-----
6510-00-201-7425	Dressing First Aid Fld 11 3/4"sq	EA	4	-----
6510-00-201-7430	Dressing First Aid Fld 7 1/2x8"	EA	20	-----
6510-00-786-3736	Pad Isopropyl Alcohol Impreg 100s I,P Lot # _____ Mfd/Exp _____	PG	4	-----
6515-00-105-0744	Tube Endo Murphy 7mmID 9.3mmOD 10s	PG	1	-----
6515-00-105-0759	Tube Endo Murphy 8mmID 10.7mmOD 10s	PG	1	-----
6515-00-383-0400	Tourniquet Pneumatic	EA	1	-----
6515-00-458-8416	Cath & Conn Suct Endo 18fr 50s	PG	1	-----
6515-00-926-8955	Tube Drain Penrose 5/8" 12s	PG	6*	-----
6515-01-058-7450	Drain Apparatus Pleural 2700ml 6s	PG	2	-----
6515-01-140-5333	Mask Multiconcentration Oxy 50s	PG	5*	-----
BOTTOM				
6505-00-153-8809	Lubricant Surg 4oz 113.6gm UP Lot# _____ Mfd/Exp _____	TU	2	-----
6515-00-105-0720	Tube Endo Murphy 6mmID 8.1mmOD 10s	PG	1	-----
6515-00-462-0832	Gloves Patient Exam Med/Lge 50s	PG	1	-----
6515-00-763-7366	Tube Drain Surg Str 32fr 10s	PG	3	-----
6515-01-149-8842	Gloves Surgeon Sterile Sz8 50s	PG	2	-----
6515-00-857-2267	Conn Elas Tubing T-Shaped 9/16" 10s	PG	3*	-----
6510-01-106-1352	Marker Skin Surg Disp 100s	PG	20*	-----
6515-01-125-3251	Manometer Set Bld Press IV Sol 10s	PG	1*	-----
6515-01-140-5333	Mask Multiconcentration Oxy 50s	PG	30*	-----
9999-00-009-1380	US Field Medical Card DD Form 1380	BK	12	-----
6515-00-926-9150	Valve Drain Chest Heimlich 10s	PG	3	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

ATLSRES - 2

307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective: 24 March 1991

FILE NAME:ATLSRES.PW

Date of Inventory:

ATLS RESUPPLY
 CHEST #4

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545-00-914-3480	Chest Med Inst & Supply No. 3	EA	1	-----
6505-00-261-7256	Alcohol Isopropyl USP 1qt I,P Lot# _____ Mfd/Exp _____	CN	2	-----
6510-00-074-4579	Sponge Surg Post-op 4x4" 1200s	PG	200#	-----
6510-00-582-7992	Band Gauze 6Ply 4 1/2"x5yd 12s	PG	3	-----
6515-00-149-0104	Cath Kit Urethral W/Bag 16fr	EA	2	-----
6515-00-372-1200	Splint Wood 18x4x3/16" 12s	PG	4	-----
6515-01-061-0662	Suction Apparatus Surg	EA	1	-----
6680-00-935-4242	Reg Pres Med Gas Admin Oxygen	EA	1	-----
7310-00-263-8736	Stove/Gas Burner Fld Style	EA	1	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective: 24 March 1991

FILE NAME: ATLSRES.FW

Date of Inventory:

ATLS RESUPPLY
 CHEST #5

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-00-914-3500	Chest Med Inst & Supply No. 5	EA	1	-----
TOP				
4720-00-141-9080	Tubing Nonmetal Rubber 1/8" ID	FT	50	-----
6515-00-089-3470	Blood Recip Set Indir Trans 48s	PG	1	-----
6515-00-159-4900	Sut Nonabs Nyl 6-0 Armed 12s	PG	2	-----
6515-00-754-2836	Needle Hypo 20Ga 1 1/2" 100s	BX	3	-----
6515-01-149-3527	Needle Hypo 27Ga 1 1/4" 100s	BX	3	-----
6515-01-143-3743	Sut Nonabs Dermalon 0 Armed 36s	BX	1	-----
6515-00-766-3735	Sut Nonabs Nyl 5-0 Armed 12s	Bx	1	-----
6515-00-965-2253	Sut Nonabs Nyl 4-0 Armed 12s	BX	1	-----
6515-00-159-4845	Sut Nonabs Nyl 3-0 Armed 12s	BX	1	-----
6515-01-003-2368	Needle Blood Collection 1000s	PG	350*	-----
6515-01-150-7842	Support Cervical Universal	EA	2	-----
6530-00-149-0093	Bottle Screw Cap Plastic 4oz CUS04	EA	6	-----

BOTTOM

6515-00-754-0412	Syringe Hypo Disp 10 or 12ml 100s	PG	4	-----
6515-00-724-4606	Syringe Hypo Disp 20ml 50s	PG	1	-----
6515-00-982-4205	Syringe and Needle 1ml 25Ga 100s	PG	1	-----
6530-00-837-7472	Cup Specimen Plastic 4 1/2oz 100s	PG	10*	-----

NOTE: * Denotes a quantity less than the normal unit of issue U/I.

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 24 March 1991

FILE NAME:ATLSRES.PW

Date of Inventory:

ATLS RESUPPLY
CHEST #6

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545-00-914-3480	Chest Med Inst & Supply No. 3	EA	1	-----
4720-00-141-9080	Tubing Nonmetal Rubber 1/8" ID	FT	3	-----
6505-00-083-6537	Ringers Inj Lactated USP 1000ml 12s FPM-24 Lot#-----Mfd/Exp-----	BX	2	-----
6505-00-083-6544	Sodium Chloride Inj USP 1000ml 12s FPM-24 Lot#-----Mfd/Exp-----	BX	2	-----
6510-00-203-5500	Tape Adhes Surg 12"x10yd	RO	1	-----
6510-00-786-3736	Pad Isopropyl Alcohol 100s	BX	1	-----
6515-00-115-0032	IV Inj Set W/O Needle 48s	PG	1	-----
6515-00-864-8864	Stopcock IV Therapy 3 Way 50s	PG	10*	-----
6515-00-243-9695	Cath & Needle IV 18 Ga 50s	PG	2	-----

NOTE: * Denotes a quantity less than the normal unit of issue U/I.

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 24 March 1991

FILE NAME:ATLSRES.PW

Date of Inventory:

ATLS RESUPPLY
CHEST # 7

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545-00-914-3500	Chest Med Inst & Supply No. 5	EA	1	-----
	TOP			
6515-00-149-0105	Cath Pack Urethrai Disp 18 Fr	EA	15	-----
	BOTTOM			
6515-00-149-0105	Cath Pack Urethral Disp 18 Fr	EA	30	-----

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: IVADDIT.PW

Date of Inventory:

IV ADDITIVE CHEST

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-00-914-3500	Chest, Med. Instr. & Supply #5	EA	1	-----
TOP OF CHEST				
6530-01-225-4684	Sponge, Brush, Surgical	EA	50	-----
6515-00-724-4604	Syringe, Hypodermic, 20cc 100s	PG	30*	-----
See IV Starter Kit Packing List	IV Starter Kits (Consisting of following items packed in Envelope/Sterilization bag):	EA	100	-----
IV STARTER KIT PACKING LIST				
6530-01-151-1807	Envelope/Sterilization Paper, 100s Self Sealing	PG	1*	-----
6515-00-115-0032	IV Injection Set 48s	PG	1*	-----
6515-00-243-9695	IV Catheter, 18ga, 1.25" 50s	EA	1*	-----
6515-01-050-6370	IV Catheter, 16ga, 2" 50s	EA	1*	-----
6510-01-010-0307	Betadine Swab 100s	EA	2*	-----
6505-00-786-3736	Alcohol Swab 100s	EA	2*	-----
6510-01-060-1639	Tape, Single Use 100s	EA	1*	-----
6501-01-101-8936	Dressing, Op Site 100s	EA	1*	-----
6510-00-058-4421	Gauze, 2 X 2 3000s	EA	2*	-----
BOTTOM OF CHEST				
6505-00-543-4048	Water for Inj., Sterile 3cc, 25s Lot # _____ Exp. Date _____	BX	6	-----
6510-00-786-3736	Pad, Isopropyl Alcohol, 100s	PG	2	-----
7530-01-061-7772	Label, Pressure 19mm X 1250cm	RD	3	-----
6505-01-108-2217	Sodium Chloride Inj., 50cc, 48s Lot # _____ Exp. Date _____	PG	1	-----
6515-00-754-0412	Syringe, Hypodermic, 10cc, 50s	BX	1	-----
6515-00-754-2836	Needle, Hypodermic, 20 ga	BX	3	-----
6505-01-125-3253	Mannitol Inj., 25%, 50cc, 25s Lot # _____ Exp. Date _____	PG	1	-----
6505-00-105-9500	Aminophyllin Inj., 25mg/cc, 10cc Lot # _____ Exp. Date _____	AM	25	-----
6505-01-213-9514	Gentamicin Sulf Inj., 40mg/cc, 25s Lot # _____ Exp. Date _____	BX	4	-----
6505-00-133-4449	Epinephrine, 1:1000, 1cc, 10s Lot # _____ Exp. Date _____	BX	2	-----

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307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective: 22 January 1991

FILE NAME: IVADDIT.PW

Date of Inventory:

IV ADDITIVE CHEST (CONTINUED)
 BOTTOM OF CHEST

NSN	NOMENCLATURE	U/I	QTY	O/H
6505-00-079-7867	Narcan, 1ml, Adult, 10s Lot # _____ Exp. Date _____	BX	2	_____
6506-00-148-7177	Benadryl Inj., 50mg, 10s Lot # _____ Exp. Date _____	BX	1	_____
6505-01-046-0827	Tigan Inj., 200mg/2cc, 25s Lot # _____ Exp. Date _____	BX	1	_____
6505-00-680-7352	Phenergan Inj., 25mg/cc, 25s Lot # _____ Exp. Date _____	BX	1	_____
6505-00-963-5355	Dexamethasone Inj., 4mg/cc, 5cc Lot # _____ Exp. Date _____	BT	20	_____
6505-01-013-9941	Terbutaline Inj., 1mg/cc, 10s Lot # _____ Exp. Date _____	PG	1	_____
6505-00-268-8530	Haloperidol Inj., 5mg/cc, 10s Lot # _____ Exp. Date _____	PG	1	_____
6505-00-435-0377	Furosemide Inj., 10mg/cc, 2cc, 5s Lot # _____ Exp. Date _____	PG	5	_____
6505-00-052-1367	Vistaril Inj., 50mg/cc, 10cc Lot # _____ Exp. Date _____	VL	4	_____
6505-00-154-2547	Atropine Sulfate, .4mg/cc, 20cc Lot # _____ Exp. Date _____	BT	2	_____
6506-00-582-5182	Lidocaine with Epinephrine 1%, 5s Lot # _____ Exp. Date _____	BX	1	_____
6505-00-598-6116	Lidocaine without Epinephrine, 5s Lot # _____ Exp. Date _____	BX	1	_____
6506-00-139-4460	Dextrose, 50%, 50cc Lot # _____ Exp. Date _____	AM	10	_____
6505-01-211-2392	Triamcinolone Inj., 40mg/cc, 5cc Lot # _____ Exp. Date _____	VI	20	_____
6505-00-139-4348	Phenytoin 250mg Lot # _____ Exp. Date _____	VI	10	_____
6505-01-257-9953	Albuterol Sulfate/Inhalation Solution Lot # _____ Exp. Date _____	BT	2	_____
6505-01-145-6758	Verapamil, 2.5mg/cc, 2cc, 10s Lot # _____ Exp. Date _____	PG	1	_____
6505-01-213-7114	Bretylium Tosylate Inj., 50mg/cc, 10cc Lot # _____ Exp. Date _____	AM	10	_____
6505-00-993-3518	Ampicillin, 1gm Vial Lot # _____ Exp. Date _____	BT	50	_____
6505-01-175-1228	Cefuroxime, 750mg Vial, 25s Lot # _____ Exp. Date _____	PG	3	_____

307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective: 22 January 1991

FILE NAME: IVADDIT.PW

Date of Inventory:

IV ADDITIVE CHEST (CONTINUED)
 BOTTOM OF CHEST

NSN	NOMENCLATURE	U/I	QTY	D/H
6505-01-219-2760	Ceftriaxone, 1 gm/10cc, 10s Lot # _____ Exp. Date _____	PG	4	_____
6505-00-890-2172	Penicillin G, 20 mil units Lot # _____ Exp. Date _____	BT	10	_____
6505-01-153-4364	Metronidazole Inj., 500 mg, 10s Lot # _____ Exp. Date _____	PG	3	_____
6505-00-689-5522	Isoproterenol Inj., 200 mcg/cc, 5cc, 10s Lot # _____ Exp. Date _____	PG	1	_____
6505-00-127-2923	Dopamine, 40 mcg/cc, 5cc Lot # _____ Exp. Date _____	AM	10	_____
6505-00-216-5370	Sodium Bicarbonate 8.4%, 50cc, 10s Lot # _____ Exp. Date _____	PG	1	_____
6505-00-106-7394	Propanolol Inj., 1mg/cc, 1cc, 10s Lot # _____ Exp. Date _____	BX	1	_____
6505-01-046-1893	Lidocaine 2% Preserv. Free, 25s Lot # _____ Exp. date _____	PG	1	_____
6505-01-209-0723	Lorazepam, 2 mg/cc, 1cc Lot # _____ Exp. date _____	VI	10	_____
6505-01-302-6664	Nafcillin, 1 G, 10s Lot # _____ Exp. date _____	PG	3	_____
6505-00-935-1000	Thiamine, 100 mg/cc, 10 cc Lot # _____ Exp. date _____	VI	1	_____
6505-00-531-7761	Digoxin, 0.25 mg/cc, 1 cc, 10s Lot # _____ Exp. date _____	PG	1	_____
6505-01-190-9248	Insulin, human, 100U/cc, 10 cc Lot # _____ Exp. date _____	VI	1	_____

Note: *Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME: PHARM.PW

Date of Inventory:

NSN	NOMENCLATURE	U/I	QTY	O/H
PHARMAC. CHEST				
6545-00-914-3500	Chest Med Inst & Supply Set Fld #5	EA	1	-----
BOTTOM OF CHEST				
6545-00-299-3649	Insert Cabinet Med Inst & Supply Set	EA	1	-----
<u>DRAWER #1</u>				
6505-01-079-365	Phenylephrine HCL (Nasal) Lot _____ Exp _____ Mfr _____ Trade:	1oz PG	12	-----
6505-00-388-8772	Aluminum Hydroxide Mag. Tabs (Chew) 60s BX Lot _____ Exp _____ Mfr _____ Trade:		6	-----
6506-00-135-2881	Activated Charcoal USP (PO,NG) Lot _____ Exp _____ Mfr _____ Trade:	15gm BT	4	-----
6505-01-066-1325	Triamcinolone Aerosol (Top) Lot _____ Exp _____ Mfr _____ Trade:	63gm CN	8	-----
6505-00-890-1657	Kaolin & Pectin Mixture Deh (Po) Lot _____ Exp _____ Mfr _____ Trade:	53gm BT	4	-----
6505-00-104-8061	Aluminum Acetate Sol.2% (Otic) Lot _____ Exp _____ Mfr _____ Trade:	60ml BT	2	-----
<u>Drawer #2</u>				
6505-00-548-5830	Antipyrine & Benzocaine Sol.(Otic) Lot _____ Exp _____ Mfr _____ Trade:	3.5g BT	4	-----
6505-00-890-1907	Colistin Sulf.w/Neom.&Hc (Otic) Lot _____ Exp _____ Mfr _____ Trade:	5ml BT	10	-----

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: PHARM.PW

Date of Inventory:

PHARMACY CHEST (Continued)				
<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
<u>DRAWER #3</u>				
6505-00-432-1065	Gentamicin Sulf. Oint. (Oph)	5ml BT	6	_____
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
65050-00-183-9419	Sulfacetamide Sodium Oint (Oph)	3.5g TU	8	_____
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-00-576-9120	Sulfacetamide Sodium Sol. (Oph)	15ml BT	6	_____
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
<u>DRAWER #4</u>				
6505-00-582-4737	Tetracaine HCL 0.5% (Oph)	15ml BT	4	_____
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-00-582-4679	Pilocarpine HCL. 2% (Oph)	15ml BT	1	_____
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
<u>DRAWER #5</u>				
6505-00-265-0079	Antichap Lipstick (Top)	100s TU	30	_____
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
<u>DRAWER #6</u>				
6505-00-579-9717	Hydroxizine HCL. 25mg (Po)	100s *20	5	_____
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
<u>DRAWER #7</u>				
6505-00-985-7301	Acetaminophen 325mg (Po)	1000s *25	10	_____
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			

NOTE: * Denotes the following U/I's stands for individual packs made by unit.

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: PHARM.FW

Date of Inventory:

PHARMACY CHEST (Continued)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>Q/H</u>
<u>DRAWER #8</u>				
6505-00-753-9415	Tripolidine & Pseudoeph. HCL. (Po) 100s *21 Lot _____ Exp _____ Mfr _____ Trade:	100s *21	10	_____
6505-00-051-9050	Ampicillin 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	500s *28	5	_____
6505-00-100-9985	Aspirin USP 325mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s *25	8	_____
<u>DRAWER #9</u>				
6505-00-116-8350	Diphenhydramine HCL. 50mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s *20	5	_____
6505-01-123-0984	Sucralfate 1g (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s *28	4	_____
6505-01-272-2385	Ciprofloxacin HCL. 500mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	50s *10	5	_____
<u>DRAWER #10</u>				
6505-00-009-5063	Doxycycline Hyclate 100mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	500s *20	5	_____
6505-01-024-8335	Dicloxacillin 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	500s *28	5	_____
6505-00-149-0119	Erythromycin 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	40s *40	5	_____

NOTE: * Denotes the following U/I's stands for individual packs made by unit.

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components listing
Effective:

FILE NAME; PHARM.PW

Date of Inventory:

PHARMACY CHEST (Continued)				
NSN	NOMENCLATURE	U/I	QTY	Q/H
<u>DRAWER #11</u>				
6505 01-062-8010	Cyclobenzaprine HCL. 10mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s #10	5	_____
6505-01-238-9443	Guaifenesin Tabs 600mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s #20	5	_____
6505 01-066-6568	Loperamide HCL 2mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s #8	10	_____
<u>DRAWER #12</u>				
6505 00-731-0680	Indomethacin 25mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	1000s #21	10	_____
6505 00-026-2111	Meclizine HCL. 25mg (Chew) Lot _____ Exp _____ Mfr _____ Trade:	100s #15	5	_____
6505 00-890-1840	Metronidazole 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	250s #21	10	_____
<u>DRAWER #13</u>				
6505 01-098-0247	Ibuprofen 600mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	500s #25	10	_____
6505 00-117-8579	Penicillin V Potassium (Po) Lot _____ Exp _____ Mfr _____ Trade:	40s #40	5	_____
6505 00-584-3277	Promethazine 25mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	1000s #6	5	_____

NOTE: * Denotes the following U/I's stands for individual packs made by unit.

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: PHARM.FW

Date of Inventory:

PHARMACY CHEST (Continued)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
<u>DRAWER #20</u>				
6505-01-153-3215	Floucinonide Oint. 0.5% (Top) Lot _____ Exp _____ Mfr _____ Trade:	30mg TU	6	_____
6505-00-299-9535	Dibucaine Oint. 1% (Top) Lot _____ Exp _____ Mfr _____ Trade:	1oz TU	10	_____
6505-00-299-8740	Bacitracin Neomycin Oint. (Top) Lot _____ Exp _____ Mfr _____ Trade:	0.5oz TU	12	_____
6505-00-890-2013	Nystatin Cream 100,000u/g (Top) Lot _____ Exp _____ Mfr _____ Trade:	15g TU	6	_____
<u>DRAWER #21</u>				
6505-00-926-2241	Tolnaftate Solution 1% (Top) Lot _____ Exp _____ Mfr _____ Trade:	10ml BT	24	_____
6505-01-008-3054	Undecylenic Acid 2% (Top) Lot _____ Exp _____ Mfr _____ Trade:	45mg CN	18	_____
<u>DRAWER #22</u>				
6505-00-889-9034	Bisacodyl 5mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	1000s BT	1	_____
6505-01-050-3547	Cimetadine 300mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	2	_____
6505-01-145-1272	Nifedipine 10mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	300s BT	1	_____

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307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective:

FILE NAME:PHARM.PW

Date of Inventory:

PHARMACY CHEST (Continued)

NSN	NOMENCLATURE	U/I	QTY	O/H
DRAWER #22 (Continued)				
6505-00-687-3662	Nitroglycerin 0.3mg (Subling) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	1	_____
6505-01-155-4064	Clemastine Fumarate 2.68mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	2	_____
6505-00-660-1789	Benzonatate 100mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	2	_____
6505-01-275-0061	Lisinopril 10mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	2	_____
6505-01-173-8911	Mebendazole 100mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	36s PG	1	_____

TOP of CHEST

6505-00-009-5063	Doxycycline Hyclate 100mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	1	_____
6505-00-026-2111	Meclizine HCL 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	2	_____
6505-00-051-9050	Ampicillin 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	500s BT	2	_____
6505-00-100-9985	Aspirin USP 325mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	10	_____
6505-00-111-7828	Hemm. Supp. w/HC (Rectal) Lot _____ Exp _____ Mfr _____ Trade:	12s BX	1	_____

PHARM - B

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME:PHARM.FW

Date of Inventory:

PHARMACY CHEST (Continued)

NSN	NOMENCLATURE	U/I	QTY	Q/H
TOP of CHEST (Continued)				
6505-00-116-8350	Diphenhydramine HCL 50mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	2	-----
6505-00-117-5450	Chloroquine Phosphates 500mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	500s BT	5	-----
6505-00-117-8579	Penicillin V Potassium 400,000 (Po) Lot _____ Exp _____ Mfr _____ Trade:	40s BT	10	-----
6505-00-138-8461	Phenazopyridine HCL 100mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	1	-----
6505-00-149-0119	Erythromycin 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	40s BT	10	-----
6505-00-181-7296	Cetylpridinium & Benzocaine Tabs (Po) Lot _____ Exp _____ Mfr _____ Trade:	EA	100	-----
6505-00-279-7606	Prednisone 20mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	2	-----
6505-00-299-8671	Selenium Sulfide Lotion 2.5% (Top) Lot _____ Exp _____ Mfr _____ Trade:	4oz BT	6	-----
6505-00-579-9717	Hydroxazine HCL 25mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	2	-----
6505-00-584-3277	Promethazine 25mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	1000s BT	1	-----

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307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective:

FILE NAME: PHARM.PW

Date of Inventory:

PHARMACY CHEST (Continued)

NSN	NOMENCLATURE	U/I	QTY	O/H
TOP of CHEST (Continued)				
6505-00-619-3215	Sodium Phosphates Enema (Rectal)	133ml BT	6	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-00-655-8355	Tetracycline HCL 250mg (Po)	100s BT	4	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-00-753-7615	Triprolidine & Pseudoephadrine (Po)	100s BT	2	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-00-890-1633	Aluminum Acetate Solution Tabs (Top)	100s BX	2	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-00-890-1840	Metronidazole 250mg (Po)	250s BT	2	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-00-931-0680	Indomethacin 25mg (Po)	1000s BT	2	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-00-958-1774	Pseudoephadrine HCL 30mg (Po)	1000s BT	1	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-00-985-7301	Acetaminophen 325mg (Po)	1000s BT	1	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-01-016-1470	Sulfamethoxazole & Trimethoprim (Po)	100s BT	2	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6505-01-023-5011	Clotrimazole Cream (Top)	15g TU	12	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: PHARM PW

Date of Inventory:

PHARMACY CHEST (Continued)

NSN	NOMENCLATURE	U/I	QTY	D/H
TOP of CHEST (Continued)				
6505-01-023-8714	Cephadrine 500mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	9	-----
6505-01-024-8355	Dicloxacillin 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	500s BT	1	-----
6505-01-039-2808	Terbutaline Sulfate 5mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	2	-----
6505-01-062-8010	Cyclobenzaprine HCL 10mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	3	-----
6505-01-064-9555	Theophylline Sust. Rel. 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	4	-----
6505-01-066-6568	Loperamide HCL 2mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	4	-----
6505-01-091-9424	Tolmetin Sodium 400mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	4	-----
6505-01-098-0247	Ibuprofen 600mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	500s BT	3	-----
6505-01-123-0984	Sucralfate 1g (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	3	-----
6505-01-238-9443	Guaifenesin 600mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s BT	3	-----

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME:PHARM.PW

Date of Inventory:

PHARMACY CHEST (Continued)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
TOP of CHEST (Continued)				
6505-01-272-2385	Ciprofloxacin HCL 500mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	50s BT	4	_____
6505-00-849-4177	Oxymetazoline Nasal Lot _____ Exp _____ Mfr _____ Trade:	BT	6	_____
6505-01-147-2084	Sterile Opth. Irrigation Sol. Lot _____ Exp _____ Mfr _____ Trade:	BT	6	_____
6505-01-206-7246	Acyclovir Caps 200mg Lot _____ Exp _____ Mfr _____ Trade:	100s BT	2	_____
650501-030-7982	Griseofulvin 125mg Lot _____ Exp _____ Mfr _____ Trade:	500s BT	1	_____
6505-00-527-8885	Probenecid 500mg Lot _____ Exp _____ Mfr _____ Trade:	100s BT	1	_____
6505-01-049-8801	Miconazole Vaginal Cream Lot _____ Exp _____ Mfr _____ Trade:	PG	4	_____
6550-00-165-6538	Test Kit Occult Blood Lot _____ Exp _____ Mfr _____ Trade:	100s EA	1	_____
6505-01-062-8008	Lorazepam 2mg Lot _____ Exp _____ Mfr _____ Trade:	100s BT	1	_____
6505-00-687-3486	Phenytoin 50mg Lot _____ Exp _____ Mfr _____ Trade:	100s BT	1	_____

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307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective:

FILE NAME: PHARM.FW

Date of Inventory:

PHARMACY CHEST (Continued)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
TOP of CHEST (Continued)				
4505-01-023-1051	Propranolol 10mg Lot _____ Exp _____ Mfr _____ Trade:	100s PG	1	_____
4505-01-220-8416	Terfenadrine 60mg Lot _____ Exp _____ Mfr _____ Trade:	100s BT	1	_____
4505-01-058-5727	Clonidine 0.1mg Lot _____ Exp _____ Mfr _____ Trade:	1000s BT	1	_____
4505-01-153-4524	Cardamazepine 100mg Lot _____ Exp _____ Mfr _____ Trade:	100s BT	1	_____
4505-01-216-5289	Glyburide 2.5mg Lot _____ Exp _____ Mfr _____ Trade:	100s BT	1	_____
7530-00-222-3525	Book, Record Cloth Cover OD Small	EA	1	_____
8105-01-099-0335	Envelope Drug Dispensing	100s PG	6	_____
	DD FORM 1289 DOD Prescription FORM	PG	2	_____

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME: PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
CHEST #1 & 2 - EVACUATION WARD

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-00-914-3500	CHEST MED INST & SUPPLY SET, FLD, #5	EA	1	-----
TOP OF CHEST #1 & 2				
6510-00-782-2698	SPONGE, SURG POST-OP 4X4" 1200s	PG	300*	-----
6515-00-462-0832	GLOVE, PT NONSTER SZ MED/LGE 100s	BX	1	-----
6515-01-149-8842	GLOVE, SURGEON'S, STER SZ B 50s	PG	25*	-----
6510-00-202-0800	GAUZE, PETROLATUM 3x36 IN 12s	PG	1	-----
6510-00-201-7430	DRESSING, FIRST AID, CAMO 7.5x8 IN	EA	24	-----
6510-00-201-1755	BANDAGE, COMPRESSED, CAMO 37x37x52 IN	EA	24	-----
6510-00-201-7425	DRESSING, FIRST AID, FIELD 11 3/4 IN	EA	5	-----
6515-00-864-8864	STOPCOCK, IV, 3 WAY DISP 50s	EA	10	-----
5120-00-097-4136	WRENCH, TANK AND YOKE, OXYGEN	EA	1	-----
6680-00-935-4242	REGULATOR, MED GAS ADMIN APAR, OXY	EA	2	-----
8120-00-550-8484	YOKE ADAPTER, COMPR GAS CYLINDER, SML	EA	2	-----
6515-01-174-9941	BAG OSTOMY 12" 12s	PG	5*	-----
6510-00-935-5805	BANDAGE GAUZE, TUBULAR, ELAS. NET, 1 5/8 IN x 25 YDS NO. 6	RD	1	-----
6515-01-128-1407	BLOOD RECIP SET, TRANSF, Y-TYPE 48s	PG	4*	-----
NONSTANDARD	IV REGULATOR DEVICE (DIAL A FLOW)	EA	6	-----
6515-00-088-8868	IV INJ SET, METERING CHAMB W/O NEEDLE	SE	8	-----
6515-00-851-0310	TUBE, STOMACH, SURG W/FUN 14FR 50s	PG	5*	-----
6530-01-119-0015	PAD, BED LINEN, PROTECTOR 300s	PG	10*	-----
6515-01-246-0170	TUBE OXY, W/NASAL PRONGS 50s	PG	10*	-----
6515-01-140-5333	MASK, MULTI CONCENTRATION, OXY 50s	PG	2*	-----
6515-00-888-6094	TUBE, INHALER, LTWGT PLASTIC 50s	PG	5*	-----
6515-01-104-0043	TUBING, SURG, 3/15 IN x 6 FT 50s	PG	5*	-----

NOTE: *Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME: PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
CHEST #1 & 2 - EVACUATION WARD (CONTINUED)

NSN	NOMENCLATURE	U/I	QTY	O/H
BOTTOM OF CHEST #1 & 2				
6545-00-299-8649	INSERT CABINET MED INST & SUPPLY SET	EA	1	-----
<u>DRAWER 1</u>				
6135-00-120-1020	BATTERY, DRY, BA-30 1 1/2 V SZ D	EA	6	-----
6230-00-125-5528	FLASHLIGHT, PT EXAM, 12s	EA	6	-----
6230-00-264-5528	FLASHLIGHT, RIGHT ANGLE	EA	2	-----
6515-00-374-2220	STETHOSCOPE, LIGHTWEIGHT	EA	2	-----
6515-01-039-0164	CASE, SPHYGMOMANOMETER	EA	2	-----
6515-01-039-4884	SPHYGMOMANOMETER, ANERDID	EA	2	-----
6530-00-772-5935	BRUSH, SURGICAL SCRUB	EA	1	-----
7520-01-058-9978	PEN, BALLPT, NON REFIL, MED, BLK 12s	EA	6	-----
7530-00-222-3525	BOOK, MEMO RULED CLOTH OD 8.5 x 11 IN	EA	1	-----
8315-00-787-7000	PIN, SAFETY, BRASS SZ 3 BX	BX	1	-----
7520-00-973-1059	MARKER, FELT TIP, BLACK 12s	EA	2	-----
	* MARKER, FELT TIP, RED 12s	EA	2	-----
6515-00-550-7199	OTOSCOPE/OPHTHALMOSCOPE SET, LIGHTWT	EA	1	-----
6515-00-584-2893	INFUSOR, PRESSURE, BLOOD COLLECT BAG	EA	2	-----
DA FORM 3950	TEMP, PULSE, & RESP RECORD	EA	15	-----
DA FORM 4678	THER DOC. CARE PLAN, MEDICATION 100s	PK	1	-----
SF FORM 539	ABBREVIATED MED RECORD 100s	PK	1	-----
SF FORM 600	CHRONOLOGIC RECORD, MED CARE 100s	PK	1	-----
DD FORM 1289	DOD PRESCRIPTION 100s	PK	1	-----
DD FORM 689	INDIVIDUAL SICK SLIP 100s	PK	1	-----
<u>DRAWER 2</u>				
6515-00-149-1405	THERMOMETER, CLINICAL HUMAN, ORAL, BLUE	EA	10	-----
6515-00-149-1407	THERMOMETER, CLINICAL HUMAN, RECTAL, RED	EA	5	-----
6515-00-926-9201	CONN SURG TUBING, STRAIGHT 50s	PG	5*	-----
6515-00-926-9201	CONN ELASTIC TUBING Y-SHAPED 50s	EA	3*	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME:PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
BOTTOM OF CHEST #1 & 2 EVACUATION WARD (CONTINUED)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
<u>DRAWER 3</u>				
6515-00-159-4845	SUTURE NON-ABSORB NYLON SZ 3-0 12s	BX	6*	-----
6515-00-344-7800	HANDLE, SURG KNIFE DETACH, BLADE, #3	EA	1	-----
6515-00-013-1739	BLADE, SURG, KNIFE DETACH # 10 6s	PB	3*	-----
6515-00-043-1783	BLADE, SURG, KNIFE DETACH # 15 6s	PB	3*	-----
6515-00-29908736	HOLDER, SUTURE NEEDLE, AAGAR-MAYO 6 IN	EA	1	-----
6515-00-365-1820	SCISSORS, GEN SURG, 5 1/2"	EA	1	-----
<u>DRAWER 4</u>				
6505-00-106-0875	AMMONIA INHALENT 10s	PB	1	-----
6515-00-324-5500	DEPRESSOR, TONGUE, WOOD, 100s	BX	50*	-----
<u>DRAWER 5</u>				
6515-00-913-7909	BANDAGE, ADHESIVE 3/4 300s	PB	50*	-----
6505-00-148-7096	POV-IODINE OINT 10% 0.125 OZ 144s	PB	30*	-----
<u>DRAWER 6</u>				
6515-00-926-8955	TUBE, DRAIN PENROSE 5/8" 12s	BX	8*	-----
<u>DRAWER 7</u>				
6515-00-363-8840	SCISSORS, ANGULAR, BANDAGE, LISTER	EA	2	-----
6515-00-935-7138	SCISSORS, ANGULAR, BANDAGE 7 1/4 IN	EA	2	-----
6515-00-926-9043	SYRINGE, CARTRIDGE, THUMB REST, HANDLE	EA	2	-----
6515-00-340-6700	HAMMER, REFLEX TESTING, TAYLOR 8 IN	EA	1	-----
<u>DRAWER 8</u>				
6515-00-935-4065	TUBE, STOMACH LEVIN GASTRO 18FR 50s	PB	5*	-----
<u>DRAWER 9</u>				
6510-00-926-8882	TAPE, ADHES SILK 1"X10YDS 12s	PB	16*	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME: PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
CHEST #1 & 2 EVACUATION WARD (CONTINUED)

<u>NSN</u>	<u>NOMENCLATURE</u>		<u>U/I</u>	<u>QTY</u>	<u>D/H</u>
<u>DRAWER 10</u>					
6510-00-786-3736	PAD, ALCOHOL IMPREGNATED	100s	BX	2	-----
6510-00-010-0307	PAD, POVIDINE-IODINE SOLN 10%	100s	PG	1	-----
<u>DRAWER 11</u>					
6510-01-140-5105	PAD, ALCOHOL, BENZ CHLORIDE	1000s	PG	100*	-----
6545-00-853-6309	FIRST AID KIT, EYE DRESSING		EA	10	-----
<u>DRAWER 12</u>					
6515-00-243-9695	CATH & NEEDLE IV 18GA	50s	PG	1	-----
6510-01-101-8936	DRESSING, OCCLUSIVE	100s	PG	1	-----
<u>DRAWER 13</u>					
NONSTANDARD	THERMOMETER, ELECTRONIC (IVAC)		EA	1	-----
6515-01-126-3843	COVER, THERMOMETER,	5000s	PG	140*	-----
6535-00-935-2587	BATTERY, DRY BA 3058/U	40s	PG	8*	-----
<u>DRAWER 14</u>					
6515-00-436-1881	KIT, SUTURE REMOVAL, DISP	50s	PS	10*	-----
6510-01-003-7697	GAUZE, ABSORB, IODOFORM	12s	PG	2*	-----
<u>DRAWER 15</u>					
6515-00-727-0008	SYRINGE IRRIG DISP 50/60 ML	100s	PG	5*	-----
<u>DRAWER 16</u>					
6515-00-905-1473	APPLICATOR COTTON TIPPED	2000s	PG	200*	-----
6505-00-491-7557	POVIDINE-IODINE 7.5% 4 FL OZ		BT	2	-----
<u>DRAWER 17</u>					
6515-00-115-0032	IV INJ SET W/D NEEDLE	40s	PG	15*	-----
6515-00-864-8864	STOPCOCK IV 3 WAY W/TUBING K52	50s	PG	5*	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME: PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
CHEST #1 & 2 EVACUATION WARD (CONTINUED)

NSN	NOMENCLATURE	U/I	QTY	O/H
<u>DRAWER 18</u>				
6515-00-754-2836	NEEDLE HYPO 26GA 1 1/4"	100s	BX	2*
6515-00-982-4205	SYR HYPO 100U INSULIN W/26GA	100s	BX	25*
<u>DRAWER 19</u>				
6510-00-935-5823	BANDAGE ELAS 4"X4 1/2YD	12s	PG	2
<u>DRAWER 20</u>				
6505-00-560-7331	SULFADIAZINE SILVER, CREAM 1% 400 GM	JAR	1	
	Lot # _____ Exp. Date _____			
6505-00-680-7352	PROMETHAZINE INJ 25 MG/ML	25s	PG	1
	Lot # _____ Exp. Date _____			
6505-01-073-3013	HEP LOCK FLUSH SOLN 100U/ML 1ML	50s	PG	1
	Lot # _____ Exp. Date _____			
<u>DRAWER 21</u>				
6515-00-754-0412	SYRINGE HYPO DISP 10 ML	100s	PG	50*
<u>DRAWER 22</u>				
6515-00-687-8052	AIRWAY PHARYNGEAL BERMAN LGE	12s	PG	4*
6515-00-754-0412	SYRINGE HYPODERMIC DISP 10 ML	100s	PG	1*
6505-00-153-8809	LUBRICANT, SURGICAL, 4 OZ		TU	1
6515-00-888-6074	TUBE INHALER LGT/WGT PLASTIC	50s	PG	1*
6515-01-119-8842	GLOVES SURG STERILE DISP SZ B	50s	PG	1*
6515-00-458-8416	CATH & CONN SUCTION ENDO 18FR	30s	PG	2*
6510-00-926-8882	TAPE ADHES SURG 1"X10YD	12s	PG	1*
6515-00-105-0744	TUBE, ENDO, MURPHY 7MM ID	10s	PG	2*
6515-00-105-0759	TUBE, ENDO, MURPHY 8MM ID	10s	PG	2*
6515-00-105-0707	TUBE, ENDO, MURPHY 5MM ID	10s	PG	1*
6515-00-616-5052	LARYGOSCOPE, CHILD/ADULT SET, WISCON		EA	1
6515-00-375-1100	STYLET, CATH-TUBE, FLEXIBLE, COPPER		EA	1
6515-01-125-0121	AIRWAY NASOPHARYNGEAL 34FR	12s	PG	2*

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME: PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
CHEST #1 & 2 - MINIMAL CARE

NSN	NOMENCLATURE	U/I	QTY	Q/H
6545-00-914-3500	CHEST MED INST & SUPPLY SET, FLD, #5	EA	1	-----
TOP OF CHEST				
7210-00-935-6665	BLANKET CASUALTY PLAS ALUM GREEN 12s	PG	2	-----
6510-00-302-7536	DRESS 1ST AID FLD CAMO 11 3/4" SQ	EA	5	-----
6515-00-754-0412	SYRINGE HYPO DISP 10 ML 100s	PG	50*	-----
6510-00-074-4679	SPONGE SURG POSTOP 4x4 IN 1200s	PG	200*	-----
6510-00-582-7992	BAND GAUZE 6 FLY 4 1/2"x4YD 12s	PG	2	-----
6510-00-786-3736	PAD, ALCOHOL IMPREGNATED 100s	BX	2	-----
6510-01-010-0307	PAD POVIDINE-IODINE SLON 10% 100s	PG	1	-----
6515-00-926-9150	VALVE DRAIN CHEST HEIMLICH 10s	PG	5*	-----
6530-01-119-0015	PAD, BED LINEN PROTECTIVE 300s	PG	20*	-----
BOTTOM OF CHEST				
6515-00-094-1477	NEBULIZER, MED PLASTIC, DISP 50s	PG	5*	-----
6530-00-786-4635	PAD, HEATING, CHEMICAL CLASS 1	EA	5	-----
6530-00-105-8649	BAG, URIN COLLECTION, PLASTIC	EA	5	-----
6530-01-042-2405	URINAL, PLASTIC, DISP	EA	3	-----
6530-00-836-8134	BASIN EMESIS PLASTIC TYPE 3 300s	PG	6*	-----
6530-01-075-2723	BASIN, PLASTIC, 7 QT 100s	PG	6*	-----
	BEDPAN, PLASTIC	EA	2	-----
6515-01-126-3843	COVER, THERMOMETER 5000s	PG	200*	-----
6515-00-088-8868	IV INJ SET W/METERING CHAMBER 48s	PG	6*	-----
6515-00-115-0032	IV INJ SET W/FLEX DRIP CHAMBER 48s	PG	24*	-----
	REGULATOR, IV (DIAL A FLOW)	EA	9	-----
7920-00-772-5800	BRUSH, SANITARY, BEDPAN	EA	1	-----
6515-00-149-0105	CATH URETH FOLEY KITS SCC 18FR	EA	5	-----
6515-00-458-8416	CATH & CONN SUCTION ENDO 18FR 50s	PG	25*	-----
6505-00-491-7557	POVI-IODINE TOPICAL SOLN 10% 50s	PG	4*	-----
	RESUSCITATOR, BAG-MASK (FLYNN) 4 OZ	EA	2	-----
6515-01-076-3577	SUCTION APPARATUS, DROPHARYNGEAL	EA	1	-----
6530-01-119-0015	PAD, BED LINEN PROTECTOR 300s	PG	10*	-----
6515-01-128-1407	BLD RECIP SET INDIR TRANS YTYPE 48s	PG	6*	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME:PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
CHEST #3 - LIFE SUPPORT EQUIPMENT

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545-00-914-3500	CHEST MED INST & SUPPLY SET, FLD, #5	EA	1	-----
TOP OF CHEST				
6515-01-023-2903	DRAIN APPAR PLEURAL CAVITY 6s	PG	4*	-----
6530-00-792-6000	ROD IRRIGATOR, SUPPORTING TELESCOPIC	EA	10	-----
4602-00-141-9080	TUBING NON-METALLIC, RUBBER 3/16 IN ID	RL	1	-----
6515-00-727-0008	SYRINGE IRRIG 50/60 ML 100s	PG	10*	-----
6530-01-119-0015	PAD, RED LINEN PROTECTOR 300s	PG	10*	-----
BOTTOM OF CHEST				
NONSTANDARD	MONITOR-DEFIB W/BAT CHARGER ACCESS	EA	1	-----
NONSTANDARD	LIFESTAT 100, AUTO BLOOD PRES MONITOR	EA	1	-----
6515-01-288-0534	MONITORING ELECTRODES, DISP 500s	PG	100*	-----
6515-00-327-3800	ELECTRODE PASTE ECG 50Z TUBE	EA	2	-----
6530-01-119-0015	PAD, RED LINEN PROTECTOR 300s	PG	10*	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME: PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
CHEST #4 - RESUPPLY/OVERFLOW

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>Q/H</u>
6545-00-914-3500	CHEST MED INST & SUPPLY SET, FLD, #5	EA	1	-----
TOP OF CHEST				
7210-00-935-6665	BLANKET CASUALTY PLAS ALUM GREEN	EA	24	-----
6510-00-782-2698	SPONGE, SURG, POST OP 4x4 1200s	PG	200*	-----
6515-00-115-0032	IV INJ SET W/O NEEDLE 48s	PG	24*	-----
6515-01-128-1407	BLD RECIP SET INDIR TRANS Y TYPE 48s	PG	10*	-----
6530-01-119-9915	PAD, BED LINEN PROTECTOR 300s	PG	10*	-----
BOTTOM OF CHEST				
6530-00-771-0225	BASIN, WASH CIR 9 QT	EA	2	-----
6515-00-777-7340	CUSHION CRUTCH AX SPONGE PAD 6s	PG	2	-----
6515-01-013-3911	TIP, CANE AND CRUTCH 12s	PG	1	-----
6530-00-890-2025	STAND, BASIN, FOLDING, SINGLE ALUM	EA	2	-----
6510-00-201-7430	DRESSING FIRST AID, CAMO 7 /12 x 8 IN	EA	48	-----
6510-00-201-7425	DRESSING, FIRST AID CAMO 11 3/4 IN SQ	EA	30	-----
6510-00-582-7992	BANDAGE, GAUZE 6 PLY, 4 1/2 IN x 4 YDS	EA	24	-----
6530-01-119-0015	PAD BED LINEN PROTECTOR 300s	PG	50	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME: PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
FIELD DESK

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>D/H</u>
<u>DRAWER #1</u>				
	LOCK SET W KEYS	EA	1	-----
	STAPLER	EA	1	-----
	STAPLES	BX	1	-----
7520-01-058-9978	PEN, BALLPOINT NON REFILL, BLK	DZ	1	-----
6530-00-772-5935	BRUSH, SURG SCRUB	EA	1	-----
8315-00-787-7000	PINS, SAFETY BRASS NO 3	BX	1	-----
NONSTANDARD	LAMP, DESK W BULB	EA	1	-----
6515-00-926-8955	TUBE DRAIN FENROSE 5/8" 12s	PG	2*	-----
6515-00-935-4065	TUBE STOMACH SUMP 18FR 50s	PG	10*	-----
6505-00-560-7331	SULFADIAZINE CREAM 1% 400 GM	JAR	1	-----
	Lot # _____ Exp. Date _____			
DD FORM 1289	PATIENT PRESCRIPTION 100s	PK	1	-----
<u>DRAWER #2</u>				
6510-00-935-4805	TUBULAR GAUZE 1 5/8 IN x 25 YD	RL	1	-----
	PAD, WRITING 8 1/2 x 11 IN	EA	1	-----
SF FORM 509	PROGRESS NOTES 100s	PD	1	-----
SF FORM 539	ABBREVIATED MEDICAL RECORD 100s	PD	1	-----
<u>DRAWER #3</u>				
6515-00-462-0832	GLOVES PT EXAM MED-LG NONSTER 100s	BX	1	-----
	PROBE COVERS IVAC THERM 5000s	PG	200*	-----
<u>DRAWER #4</u>				
NONSTANDARD	LIFESTAT 100, AUTO BLOOD PRES MONITOR	EA	2	-----
<u>DRAWER #5</u>				
6505-00-491-7557	POVIDINE-IODINE 7.5% 4 FL OZ	BT	4	-----
	BAG, FOYL VINYL, TRASH SM 50s	BX	1	-----
	TOWELS, ABSORBENT, PAPER	RL	1	-----
6515-00-115-0032	IV INJ SET, W/O NEEDLE 48s	PG	20*	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I):

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307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective: 14 March 1991

FILE NAME: PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
 FIELD DESK (CONTINUED)

<u>NSN</u>	<u>NOMENCLATURE</u>		<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
<u>DRAWER #6</u>					
6515-00-246-3782	CANNULA NASAL O2 PLASTIC	50s	PG	10*	-----
6515-00-888-6094	TUBE, INHALER LIGHTWEIGHT, PLASTIC		EA	5	-----
6510-00-935-5822	BANDAGE, ELASTIC 4"x5YD	12s	PG	2	-----
<u>DRAWER #7</u>					
6510-00-582-7992	BAND GAU 6 PLY 4 1/2"x 4YD	12s	PG	2	-----
	PAPER, (TOILET, TISSUE)		RL	2	-----
6510-00-913-7909	BANDAGE ADH 3/4 x 3"	300s	BX	1	-----
6510-01-140-5105	PAD ALC BENZA CHLORIDE	1000s	PG	1	-----
6510-01-202-0800	GAUZE PETROLATUM 3x18"	12s	PG	2	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME: PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
CHEST #1,2,3,& 4 - OXYGEN CONCENTRATORS

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545-00-914-3500	CHEST MED INST & SUPPLY SET, NO.5	EA	1	-----
NONSTANDARD	BUNN 2000 OXYGEN CONCENTRATOR	EA	1	-----

NOTE: PACK ONE CONCENTRATOR PER CHEST.

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 14 March 1991

FILE NAME: PTHOLD.PW

Date of Inventory:

PATIENT HOLD SET
NON-CONTAINERIZED ITEMS

<u>NSN</u>	<u>NOMENCLATURE</u>		<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6505-00-083-6537	RINGERS INJ LACT USP 1000ML	12s	BX	20	-----
6505-00-083-6544	SODIUM CHLORIDE INJ USP 1000ML	12s	BX	20	-----
6505-00-132-5181	OXYGEN, USP, 95 GAS		EA	4	-----
6505-00-132-5199	OXYGEN, USP 1650 GAL		EA	2	-----
7105-00-269-8463	CHAIR, FOLDING METAL, GREY		EA	4	-----
7105-00-935-0422	COT, FOLDING, ALUM		EA	40	-----
7210-00-715-7985	BLANKET, BED, WOOL, OG		EA	64	-----
6530-00-660-0034	SUPPORT, LITTER, FOLDING, LIGHTWT		PR	4	-----
6530-00-783-7905	LITTER, FOLDING, FIGID ALUM POLE		EA	10	-----
6545-00-926-6660	CASE HOSP LINENS, SM (CANVAS, BLANKET)		EA	8	-----
7240-00-089-3827	CAN, WATER, 5 GAL, PLASTIC		EA	5	-----
6545-01-302-0228	SINK, UNIT SURG SCRUB, FLD		EA	2	-----
7105-00-269-9275	TABLE, FOLDING LEGS, FIELD		EA	3	-----
6516-00-777-7325	CRUTCH, ADJUSTABLE, WOOD 48-59 IN		PR	12	-----
	LIGHT SET (4 LIGHTS) FLOURESCENT		EA	1	-----
NONSTANDARD	GENERATOR (YANMAR) 3 KW		EA	1	-----
6505-01-108-2217	SODIUM CHLORIDE INJ 50ML	48s	PG	4	-----
	TENT, GP LG		EA	2	-----
	FLOOR, TENT, GP LG		EA	2	-----
7210-00-935-6665	BLANKET CASUALTY PLAST ALUM GRN	12s	PG	8	-----
	SHOVEL, D HANDLE		EA	1	-----
	BROOM, INDUSTRIAL STRENGHT		EA	2	-----
	SUPPORT, WOOD, MOSQUITO BAR (PACK IN				
	BLANKET SETS)		EA	40	-----
6515-01-061-7811	RESUSCITATOR-INHALATOR/VENT ASPIRATOR		EA	2	-----

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: LAB-1.PW

Date of Inventory:

LABORATORY CHEST PACKING LIST

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-00-914-3500	Chest Med. Inst. & Supply No.5	EA	1	-----
<u>BOTTOM of CHEST</u>				
6510-00-058-4421	Sponge Surg Gauze 2x2 inch	3000s	PG	*100
6510-00-786-3736	Pad Isopropyl Alcohol	100s	PG	2
6515-00-705-1473	Applicator Wood or Plastic	2000s	PG	*100
6545-00-926-7037	Case Centrifuge Microscope-Reagents	EA	3	-----
6550-00-764-4729	Staining Solu Buffered 32oz 946ml	BT	1	-----
6550-01-005-4375	Test Kit Monocleisis 25 test	EA	1	-----
6530-01-037-4877	Test Kit Pregnancy 100 test	EA	1	-----
6630-00-416-8010	Counter Blood Cells Differential	EA	1	-----
6630-01-151-6417	Comparator Set Color Chlorine & PH Det	SE	1	-----
6640-00-074-4191	Slide Microscope Plain	72s	PG	6
6640-00-435-8000	Paper Filter Qualitative 90mm	100s	PG	2
6640-00-618-0066	Cover Glass Micro Slide 22mm sq 1oz	PG	7	-----
6640-00-889-7022	Funnel Common Lab Polypropylene 55mm	EA	2	-----
6640-00-889-7023	Funnel Common Lab Polypropylene 100mm	EA	2	-----
6650-01-019-0423	Microscope Optical Binocular	EA	1	-----
6650-01-120-3544	Mirror & Fork Assembly	EA	1	-----
6650-01-121-0687	Case Microscope Plastic	EA	1	-----
7530-00-222-3524	Book Memo Ruled Cloth OD 14inch Lg	EA	1	-----
7920-00-282-7784	Brush Test Tube Dome End	EA	4	-----
7920-00-292-4369	Brush Bottle Ruret Nylon	EA	6	-----

Reagent Case A

6630-01-068-9613	Tube Cap Blood Sample Glass 32mm	500s	PG	2
6640-00-299-7807	Immersion Oil Microscopy 1oz	BT	2	-----
6640-00-926-6984	Rack Test Tube Lab Polye B Tube	EA	2	-----
6640-00-726-6986	Tube Centrifuge	12s	BX	2
6640-00-937-0760	Paper Bibulous & Lens 4x6 inch	12s	PG	2
6650-00-933-3218	Refractometer Immersion Hand Alum.	EA	1	-----
6810-00-106-7000	Ammonium Oxalate Monohydrate ACS 1/4lb	PG	2	-----
6810-00-137-5000	Potassium Phosphate Monobasic 1/4lb	BT	2	-----
6810-00-299-8153	Sodium Phosphate Dibasic Anhydrous ACS	BT	2	-----

Reagent Case B

6515-00-303-8100	Applicator Disp Wood 1/12x6/14inch	864s	PG	2
6515-00-431-2890	Lancet Finger Bleeding	100s	PG	5
6530-00-422-8120	Pipet Dropping Glass Rubber Bulb	12s	BX	2

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: LAB-1.FW

Date of Inventory:

LABORATORY CHEST PACKING LIST (Continued)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
<u>Reagent Case B (Continued)</u>				
6550-00-261-9053	Gram Stain Kit	EA	2	-----
6550-00-436-1879	Test Strips & Color Chart	BT	2	-----
6640-00-926-6985	Test Tube 12x75mm Polypropylene	EA	12	-----
6640-00-926-7674	Cartridge Lab Gas Burner Disp 156mm	EA	2	-----
6640-00-926-7688	Wire Cleaning Pipet CRS	100s BT	2	-----
7510-00-242-7833	Rubber Band No. 10 1/4lb	BX	2	-----
7510-00-926-9123	Pencil Orange Red	12s EA	*9	-----
<u>Reagent Case C</u>				
6640-00-926-6913	Centrifuge Lab Hand Field	EA	1	-----
6810-00-753-4780	Acetone ACS 1pt 473ml	BT	2	-----
6630-01-068-9613	Tube Cap Blood Sample Glass 32mm	500s FG	2	-----
6810-00-753-4786	Hydrochloric Acid ACS 1pt	PT	1	-----
<u>TOP of CHEST</u>				
6640-01-070-1500	Power Supply 115v 60hz Ac	EA	1	-----
6640-01-068-9612	Centrifuge Lab Micro Bat Powered 9v/Dc	EA	1	-----
5120-00-236-2140	Screwdriver Pocket w/Clip 2x1/8 inch	EA	1	-----
6550-00-975-0614	Blood Group Serum Anti-A USP 5ml	FG	3	-----
6630-00-145-1137	Tube Blood Collecting w/o Anticoag	100s TU	*120	-----
6630-01-119-0575	Tube Blood Collecting 7ml EDTA	100s TU	*120	-----
6640-01-022-7419	Test Tube 18x116mm Polycarbonate	10s FG	2	-----
6810-00-753-4787	Xylenes ACS 1pt	BT	2	-----
7510-00-551-9819	Tape Pressure Sensitive Ad. 3/4inx8yds	RO	12	-----
7510-00-663-0196	Tape Pressure Sensitive Masking 2inx60yds	RO	12	-----
7530-01-061-7772	Label Pressure 19mmx1250cm	12s RO	*6	-----
7540-00-181-8344	Form Printed Lab Report Misc.	100s HD	2	-----
7540-00-181-8354	Form Printed Lab Report Hem.	100s HD	4	-----
7540-00-181-8355	Form Printed Lab Report Urin.	100s HD	2	-----
7520-00-409-5500	Brush Test Tube	EA	4	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: LAB-1.PW

Date of Inventory:

LABORATORY CHEST PACKING LIST (Continued)
NON-CONTAINERIZED ITEMS

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
4110-00-113-8334	Refrigerator Mech Bio Bld 5.5cu ft 115v	EA	1	-----
6545-00-726-8935	Case Medical Laboratory Equipment Set	EA	1	-----
7105-00-267-9275	Table Folding Legs Field	EA	1	-----

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: LAB-2.PW

Date of Inventory:

BLOOD CHEST PACKING LIST

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-00-914-3500	Chest Med Inst & Supply No. 5	EA	1	-----
6550-01-057-2642	Anti-A typing serum 10ml	BT	3	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6640-00-782-6008	Pipet Bacteriological Pasteur	360s PG	1	-----
6640-01-049-2928	13x100mm Glass Test Tubes	1000s PG	1	-----
6640-00-074-4191	Glass Slide Microscope Plain 25x75	PG	4	-----
6515-00-303-8100	Applicator Disp Wood 1/12x6 1/4	864s PG	1	-----
6630-01-119-8575	Vacutainer 7ml EDTA Specimen Tube	100s PG	1	-----
6515-01-128-1407	Blood Recipient Set Y-Type	48s PG	*60	-----
6515-00-864-8864	Stopcock IV 3 Way 20-30 w/luer conn.	50s PG	*60	-----
6515-01-234-6831	Blood Collecting & Disp. Bag 800ml	4s PG	*6	-----
6515-01-140-5267	Stripper/Sealer/Cutter Bld Collect	PG	2	-----
6550-01-057-2643	Blood Grouping serum Anti-B 10cc	BT	2	-----
	Lot _____ Exp _____			
	Mfr _____			
	Trade:			
6515-01-003-2368	Needle Hypo CSA Blood Coll. 20Gage	1000s PG	*200	-----
6630-00-404-2220	Holder Blood Coll. Tube Plastic	12s PG	2	-----
7540-00-181-8344	Form Printed Lab Report Misc.	100s HD	1	-----
6515-00-786-3736	Pad Isopropyl Alcohol Impreg	100s PG	2	-----
6515-00-334-7100	Forceps Hemm Ramein Str Jan 1.046inch	EA	2	-----
6510-00-926-8882	Tape Adhesive Surgical Porouslin:10yd	12s PG	2	-----
6510-00-782-2700	Sponge Surgical Gauze 2x2	200s PG	2	-----
6515-01-146-7794	Tourniquet Non Pneumatic Adult	EA	2	-----

307th Medical Battalion (Airborne)
Sole. Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST # 1

<u>NSN</u>	<u>NOMENCLATURE</u>		<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545-00-914-3420	Chest Medical Inst & Supply #3		EA	1	-----
6515-01-147-8841	Glove Surgeon sz7.5	50s	PG	2	-----
6515-01-147-8842	Glove Surgeon sz8.0	50s	PG	2	-----
6515-00-462-0832	Glove Patient Med Lge	100s	PG	1	-----
6532-00-004-8055	Cap Surg Mens Disp	100s	PG	1	-----
6515-00-782-2621	Mask Surg Disp	50s	PG	2	-----
6530-01-211-4010	Brush Surg Scrub	200s	PG	*100	-----
6505-00-994-7224	Pov-Iod Sol 7.5% 1Gal		BT	1	-----
6505-00-754-0374	Pov-Iod Sol 10% 1 Gal		BT	1	-----
6500-01-119-0016	Liner Bed Protective	300s	PG	*50	-----
6515-00-935-7138	Scissors Bandage 7.25inch		EA	4	-----

NOTE: * Denotes a quantity less than the unit of issue (U/I).

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: PHARM.PW

Date of Inventory:

PHARMACY CHEST (Continued)

NSN	NOMENCLATURE	U/I	QTY	O/I
<u>DRAWER #14</u>				
6505-00-279-7606	Prednisone 20mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	500s *20	5	-----
6505-00-138-9461	Phenazopyridine HCL. 100mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s *12	10	-----
6505-01-016-1470	Sulfamethoxazole & Trimethoprim 100s *14 Lot _____ Exp _____ Mfr _____ Trade:		5	-----
<u>DRAWER #15</u>				
6505-00-958-1774	Pseudoephadrine HCL. 30mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	1000s *40	5	-----
6505-00-655-8355	Tetracycline HCL. 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s *28	5	-----
6505-01-064-9555	Theophylline Sust. Rel 250mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s *25	4	-----
<u>DRAWER #16</u>				
6505-01-039-2808	Terbutaline Sulfate 5mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s *6	5	-----
6505-01-091-9624	Tolmetin Sodium 400mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s *15	5	-----
6505-01-023-8714	Cephadrine 500mg (Po) Lot _____ Exp _____ Mfr _____ Trade:	100s *20	5	-----

NOTE: * Denotes the following U/I,s stands for individual pacis made by unit.

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307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective:

FILE NAME: PHARM.FW

Date of Inventory:

PHARMACY CHEST (Continued)

NSN	NOMENCLATURE	U/I	QTY	D/H
<u>DRAWER #17</u>				
6505-00-137-6197	Viscous Lidocaine Sol.2% (Po) Lot _____ Exp _____ Mfr _____ Trade:	100ml BT	8	_____
6505-00-103-4690	Tetrahydrozoline HCL.05% (Opth)15ml 6s PG Lot _____ Exp _____ Mfr _____ Trade:		5	_____
<u>DRAWER #18</u>				
6505-01-116-9245	Albuterol Aerosol (INH) Lot _____ Exp _____ Mfr _____ Trade:	17g PG	6	_____
6505-01-237-4689	Cromolyn Sodium Aerosol (INH) Lot _____ Exp _____ Mfr _____ Trade:	14.2g PG	6	_____
6505-00-106-0875	Ammonia Aromatic (INH) Lot _____ Exp _____ Mfr _____ Trade:	10s PG	4	_____
6505-00-926-9197	Ipecac Syrup (Po) Lot _____ Exp _____ Mfr _____ Trade:	30ml BT	2	_____
<u>DRAWER #19</u>				
6505-00-279-8279	Lindane Cream 1% (Top) Lot _____ Exp _____ Mfr _____ Trade:	60g TU	8	_____
6505-00-726-2095	Hydrocortisone Cream 1% (Top) Lot _____ Exp _____ Mfr _____ Trade:	1oz TU	12	_____
6505-00-782-9196	Providone Iodine Dint. 10% (Top) Lot _____ Exp _____ Mfr _____ Trade:	1oz TU	4	_____

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.FW

Date of Inventory:

SURGICAL TEAM MODULE CHEST # 2 (CMS)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>D/H</u>
6545-00-914-3500	Chest Med Surg Inst # 5	EA	1	-----
	TOP of CHEST			
6530-01-029-8764	Wrapper Sterilization 24x24inch	100s BX	1	-----
Asculab us 998	Paper Filter	400s PG	1	-----
6530-01-163-8067	Envelope Sterilization	400s PG	2	-----
	Lock Asculap	250s PG	2	-----
	BOTTOM of CHEST			
6840-00-926-9117	Disinfectant GP Glutaraldehyde	1gal PG	1	-----
6530-01-242-2337	Tape Sterilization	8s PG	1	-----
6530-00-079-7039	Indicator Steam Sterilizer	250s PG	1	-----
6515-01-101-1948	Tubing Suction	100ft CL	*50	-----
	Pan Cold Sterilization 8x8x36inch	EA	1	-----
	Bag Plastic Waste	EA	50	-----
8105-01-153-7123	Bag Plastic Contam Waste	250s PG	*50	-----

NOTE: * Denotes a quantity less than the unit of issue (U/I).

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST # 3 (DRESSINGS)

NSN	NONENCLATURE		U/I	QTY	Q/H
6510 00-914-3500	Chest Mod Surg Inst # 5		EA	1	-----
	TOP of CHEST				
6510 00-203-2270	Pad Abdominal	20s	PG	4	-----
6510 00-201-7425	Dress Field 11-3/4inch		EA	36	-----
6510 00-502-7792	Band 4 Ply Elas 4-1/2inx4yds	12s	PG	4	-----
	BOTTOM of CHEST				
6510 00-201-7430	Dress Field 7-1/2x8-3/4		EA	24	-----
6510 00-201-7425	Dress Field 11-3/4"		EA	18	-----
6510 01-120-2642	Gauze Xeroform 5x9"	12s	PG	3	-----
6510 00-726-8894	Tape Silk Adh 3"	4s	PG	5	-----
6510 00-726-8832	Tape Silk Adh 1"	12s	PG	2	-----
6505 00-261-7257	Benzoin Tinc		CN	1	-----
6510 00-935-5823	Bandage Elas 6"	12s	PG	2	-----
6510 00-200-5000	Gauze Roller	12s	PG	1	-----
6510 00-202-0800	Gauze Petro 3x18"	12s	PG	6	-----
6510 01-003-7697	Gauze Iodoform	12s	PG	*6	-----

NOTE: * Denotes a quantity less than the unit of issue (U/I).

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST # 4 (DRAINAGE)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545-00-914-3500	Chest Med Surg Inst #5	EA	1	-----
-	TOP of CHEST			
6515-00-149-0105	Cath Ureth Pack 18Fr	EA	18	-----
	BOTTOM of CHEST			
6515-01-174-9941	Bag Ost 12"	12s	PG 2	-----
6515-01-219-2756	Drain Wound JP 10mm	10s	PG 3	-----
6515-01-098-8355	Cath Ureth Foley 16Fr	12s	PG 1	-----
6515-00-104-3695	Cath Ureth Foley 18Fr	12s	PG 1	-----
6515-00-926-3955	Drain Penrose .725	12s	PG 4	-----
6515-01-058-7450	Drain Pleurovac	6s	PG 4-1	-----
6515-00-926-2093	Drain T Deaver 16Fr		EA 10	-----
6505-00-153-8809	Lubricant Surg 4oz		TU 6	-----
6515-00-851-0310	Tube Stomach Surg Salem 14Fr	50s	PG *25	-----
6515-01-124-9780	Cannula Trach Shiley sz4		EA 10	-----
6515-01-124-9782	Cannula Trach Shiley sz6		EA 10	-----
6515-01-124-9781	Cannula Trach Shiley sz8		EA 10	-----
6515-00-926-9150	Valve Surg Heimlich	10s	PG 4	-----

NOTE: * Denotes a quantity less than the unit of issue (U/I).

307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST #5 (CMS STERILE SUPPLY)

<u>NSN</u>	<u>NOMENCLATURE</u>		<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545 00-914-3490	Chest Med Surg Inst #3		EA	1	-----
6510-00-935-5823	Band Elas 6"x4.5yds	12s	PG	3	-----
6510 00-200-3040	Band Felt Ortho Rolled 6"	36s	PG	2	-----
6510-00-817-2634	Band Felt Ortho Rolled 4"	72s	PG	1	-----
6530-01-163-8067	Envelope Sterilization	100s	PG	1	-----
6510-00-200-5000	Gauze Roller	12s	PG	4	-----
6510-00-074-4577	Sponge Surg 4x4"	1200s	PG	*200	-----
6510-01-160-3261	Sponge Lap	100s	PG	*50	-----

NOTE: * Denotes a quantity less than the unit of issue (U/I).

307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST #6 (G) STAPLERS)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545-00-914-3500	Chest Med Surg Inst #5	EA	1	-----
	TOP of CHEST			
	Stapler FI	SE	1	-----
	Stapler ILA	SE	1	-----
	Staple ILA 52	12s BX	4	-----
	BOTTOM of CHEST			
	Staple FI 90 Large	12s BX	4	-----
	Staple FI 55 Large	12s BX	4	-----
	Staple FI 55 Medium	12s BX	1	-----
	Staple FI 30 Large	12s BX	1	-----
	Staple FI 30 Medium	12s BX	2	-----

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307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST #7 (STERILE INSTRUMENTS)

NSN	NOMENCLATURE	U/I	QTY	O/H
6545-01-249-4478	Chest Med Surg Inst #5	EA	1	-----
	TOP of CHEST			
	Ortho Set	EA	1	-----
6510-01-160-3251	Sponge Lap	100s PG	*16	-----
	BOTTOM of CHEST			
	Major Basic Set	EA	1	-----
	Thoracic Set	EA	1	-----
	GI Set	EA	1	-----
6515-00-360-4710	Balfour Retractor	EA	1	-----
6515-00-361-7250	Finishette Retractor	EA	1	-----
	Crainal Burr Hole Set	EA	1	-----

NOTE: * Denotes a quantity less than the unit of issue (U/I).

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.FW

Date of Inventory:

SURGICAL TEAM MODULE CHEST #8 (ORTHOPEDIC #1)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545-00-914-3500	Chest Med Surg Inst # 5	EA	1	-----
	TOP of CHEST			
6515-01-249-4478	Kit Govt Ext Fixator	SE	8	-----
	Rod Conn Graphic Ultra-x	EA	8	-----
	Clamp Graphic Ultra-x	EA	8	-----
	BOTTOM of CHEST			
6510-01-196-6202	Band Fiberglass 5"x4yds	10s BX	2	-----
6510-01-196-6203	Band Fiberglass 4"x4yds	10s BX	2	-----
6510-00-200-3030	Band Felt Ortho Rolled 6"	36s PG	6	-----
6515-00-310-9380	Pin Bone 9"x.062	EA	16	-----
6515-00-310-9340	Pin Bone 12"x.035	EA	16	-----
6515-00-310-9360	Pin Bone 12"x.045	EA	16	-----
6510-00-935-5823	Band Elas 6"	12s PG	1	-----
6515-00-312-3500	Drill Smedburg w/key	EA	1	-----
6515-00-363-2700	Blade Saw Gigli	EA	2	-----
6515-00-363-2400	Handle Saw Gigli	SE	2	-----
6515-00-935-7138	Scissors Bandage 7.5"	EA	3	-----
6515-00-200-7013	Band Conform 6"	BX	1	-----

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307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST #9 (ORTHOPEDIC #2)

<u>NON</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>D/H</u>
6545-00-714-3500	Chest Med Surg Inst #5	EA	1	-----
TOP of CHEST				
6510-01-176-6202	Band Fiberglass 5"x4yds	10s BX	2	-----
6510-01-176-6203	Band Fiberglass 4"x4yds	10s BX	2	-----
BOTTOM of CHEST				
6510-01-176-6202	Band Fiberglass 5"x4yds	10s BX	2	-----
6510-01-176-6203	Band Fiberglass 4"x4yds	10s BX	2	-----
6510-00-200-3030	Band Felt Ortho Rpled 6"	36s PG	2	-----
6515-01-247-8904	Decanter Bag (Bag-O-Jets)	50s BX	1	-----
6510-00-200-7013	Band Conform 6"	12s BX	1	-----

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST #10 (SUTURE & ANTIBIOTICS)

NSN	NOMENCLATURE	U/I	QTY	Q/H
6545-00-914-3510	Chest Med Surg Inst #6	EA	1	-----
	TOP of CHEST			
<u>DRAWER #1</u>				
6515-01-172-1108	Suture Nonabs Teydek C-6	12s PG	2	-----
	Suture Nonabs Mers C-4	12s PG	2	-----
6515-00-935-4043	Suture Nonabs Mers LR	12s PG	2	-----
	Suture Nonabs Mers 4-0 V-4	12s PG	2	-----
6515-00-755-1113	Suture Nonabs Silk 3-0 Ties 18/pk	12s PG	4	-----
6515-00-754-2812	Suture Nonabs Silk 2-0 Ties 18/pk	12s PG	4	-----
6515-00-964-6983	Suture Nonabs Silk 0 Ties 18/pk	12s PG	4	-----
	Suture Nonabs Silk #3 Ties 18/pk	12s PG	2	-----
	Suture Nonabs Silk #1 Spool	PG	3	-----
<u>DRAWER #2</u>				
6515-00-727-4470	Suture Abs Plain 3-0 Spool	SP	3	-----
	Suture Abs Plain #1 Tie	12s PG	2	-----
	Suture Abs Plain 2-0 Tie	12s PG	2	-----
6515-00-727-4471	Suture Abs Chrom 3-0 Spool	SP	2	-----
6515-00-616-9450	Suture Abs Chrom 2-0 Ties	12s BX	2	-----
6515-00-616-9451	Suture Abs Chrom 3-0 Ties	12s BX	2	-----
6515-00-616-9449	Suture Abs Chrom 0 Ties	12s BX	4	-----
6515-00-616-9448	Suture Abs Chrom #1 Ties	12s BX	4	-----
<u>DRAWER #3</u>				
6515-01-139-9109	Suture Nonabs Pro Ct1	12s BX	2	-----
	Suture Nonabs Pro 3-0 R81	12s BX	2	-----
6515-00-159-4844	Suture Nonabs Nyl 6-0 FS3	12s BX	2	-----
	Suture Nonabs Pro #1 CT1	12s BX	2	-----
6515-00-965-2253	Suture Nonabs Nyl 4-0 FS2	12s BX	2	-----
6515-00-891-7600	Suture Nonabs Nyl 5-0 P3	12s BX	2	-----
	Suture Nonabs Nyl 2-0 FS1	12s BX	2	-----
6515-00-159-4845	Suture Nonabs Nyl 3-0 FS1	12s BX	2	-----
6515-01-143-3743	Suture Nonabs Nyl 0 CT1	12s BX	4	-----
6515-01-257-1734	Suture Nonabs Nyl #2 C25	12s BX	2	-----
	Suture Nonabs Dac #2 C24	12s BX	2	-----

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST #10 (SUTURE & ANTIBIOTICS) Continued

NSN	NOMENCLATURE		U/I	QTY	O/H
<u>DRAWER #4</u>					
6515-00-139-5939	Suture Abs Dex 4-0 T12	12s	BX	2	-----
6515-00-139-5943	Suture Abs Dex 5-0 C4	12s	BX	2	-----
6515-00-139-5911	Suture Abs Dex #1 NE9	12s	BX	2	-----
	Suture Abs Dex 4-0 C4	12s	BX	2	-----
6515-00-963-5352	Suture Nonabs Silk 5-0 RB1	12s	BX	2	-----
6515-00-323-7810	Suture Nonabs Silk 6-0 G1	12s	BX	2	-----
	Suture Nonabs Silk 3-0 RB1	12s	BX	2	-----
6515-00-935-4040	Suture Nonabs Silk 4-0 FS2	12s	BX	2	-----
6515-00-838-8746	Suture Nonabs Silk 3-0 x1	12s	BX	4	-----
	Suture Nonabs Silk 3-0 FS1	12s	BX	2	-----
	Suture Nonabs Silk 3-0 sh	12s	BX	2	-----
<u>DRAWER #5</u>					
	Suture Abs Chrom 5-0 T31	12s	BX	2	-----
6515-00-823-7841	Suture Abs Chrom 6-0 G1	12s	BX	2	-----
	Suture Abs Chrom 4-0 SCE4	12s	BX	2	-----
	Suture Abs Chrom 4-0 G3 Dbl arm	12s	BX	2	-----
	Suture Abs Chrom 3-0 CT2	12s	BX	2	-----
6515-00-899-9670	Suture Abs Chrom 2-0 CT1	12s	BX	2	-----
6515-00-960-2402	Suture Abs Chrom 0 CT2	12s	BX	2	-----
6515-00-999-9667	Suture Abs Chrom 0 CT1	12s	BX	4	-----
	Suture Abs Chrom #2 C25	12s	BX	4	-----
<u>DRAWER #6</u>					
	Done Wax		EA	6	-----
6515-00-379-2100	Umbilical Ligature	12s	BX	1	-----
	Suture Abs Vic 5-0 RB1	12s	BX	2	-----
6515-01-034-7569	Suture Abs Vic 4-0 SH	12s	BX	2	-----
	Suture Abs Vic 4-0 FS1	12s	BX	4	-----
	Suture Abs Vic 3-0 SH1	12s	BX	4	-----
	Suture Abs Vic 2-0 FS	12s	BX	4	-----
6515-01-034-7568	Suture Abs Vic 3-0 FS2	12s	BX	2	-----
6515-00-865-2686	Suture Abs Plain 3-0 x1	12s	BX	2	-----
<u>DRAWER #7</u>					
6515-00-176-0624	Suture Steel 4-0 V26&TS Dbl arm	12s	BX	2	-----
6515-00-054-7255	Steri Strip 1/4"	500s	PG	*50	-----
6515-00-064-4858	Selfform		EA	4	-----
6515-00-705-1473	Disp Applicators	2000s	PG	*50	-----
6515-00-782-6482	Culturette Aerobic		EA	20	-----

NOTE: * Denotes a quantity less than the normal issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST #10 (SUTURE & ANTIBIOTICS) Continued

NSN	NONENCLATURE	U/I	QTY	O/H
<u>DRAWER #3</u>				
6515-01-009-5295	Blade Surg #10	150s	PG	1
6515-01-009-5298	Blade Surg #11	150s	PG	1
6515-01-009-5293	Blade Surg #15	150s	PG	1
6515-00-754-2835	Needle Hypo 20gag	100s	BX	*50
6515-01-149-3527	Needle Hypo 27gag	100s	BX	*50
<u>DRAWER #9</u>				
6515-00-786-3735	Pad Alcohol Prep	100s	BX	2
	Xylocaine 2%		BT	4
6505-00-582-5821	Xylocaine 1% w/Epi		BT	4
6505-01-127-7946	Marcaine 0.5%		BT	4
	Marcaine 0.5% w/Epi		BT	4
<u>DRAWER #10</u>				
6515-00-724-4405	Syringe 20cc	100s	PG	*48
BOTTOM of CHEST				
6515-00-899-9670	Suture Abs Chrom 2-0 CT1	12s	PG	2
6515-00-616-9448	Suture Abs Chrom #1 Ties	12s	PG	3
6515-00-899-9667	Suture Abs Chrom 0 CT1	12s	PG	4
6515-00-378-7100	Suture Abs Chrom 2-0 Keith	12s	PG	4
6515-00-960-2402	Suture Abs Chrom 0 CT2	12s	PG	1
6515-00-823-7842	Suture Abs Chrom 4-0 G3	12s	PG	3
	Suture Abs Chrom 4-0 P2	12s	PG	1
6515-00-616-9451	Suture Abs Chrom 3-0 Ties	12s	PG	2
	Suture Abs Chrom 4-0 SCE4	12s	PG	1
6515-00-865-2686	Suture Abs Plain 3-0 X1	12s	PG	1
6515-01-139-9117	Suture Abs Chrom 0 Ties 4s	36s	PG	3
6515-00-616-9454	Suture Abs Plain Gut 2-0 Ties	12s	PG	2
6515-00-727-4470	Suture Abs Plain Gut 3-0 Spool	12s	PG	1
	Suture Abs Dex #1 Ties	12s	PG	1
6515-01-167-3781	Suture Abs Vic 0 Ties	12s	PG	3
	Suture Abs PDS 0 CRBCTX	12s	PG	1
6515-00-985-4988	Suture Nonabs Silk 0 Ties	12s	PG	4
6515-00-754-2812	Suture Nonabs Silk 2-0 Ties	12s	PG	5
6515-00-074-1016	Suture Nonabs Silk 3-0 Ties	12s	PG	2
6515-00-754-2810	Suture Nonabs Silk 4-0 Ties	12s	PG	1

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

307th Medical Battalion (Airborne)
 Sets, Kits and Outfits Components Listing
 Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE CHEST #10 (SUTURE & ANTIBIOTICS) Continued

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
BOTTOM of CHEST (Continued)				
6515-00-159-1815	Suture Nonabs Nyl 3-0 FS1	12s	PG	6
6515-00-065-2687	Suture Nonabs Silk 3-0 X1	12s	PG	1
6515-00-838-8946	Suture Nonabs Silk 3-0 X1	36s	PG	5
6515-00-965-2253	Suture Nonabs Nyl 4-0 FS2	12s	PG	2
6515-00-766-3735	Suture Nonabs Nyl 5-0 FS2	12s	PG	1
6515-01-134-3743	Suture Nonabs Nyl 0 CR8	36s	PG	3
	Suture Nonabs Nyl 2-0 CR8	36s	PG	6
	Suture Nonabs Nyl #2 C25 Dbl arm	12s	PG	1
6515-00-965-2511	Bone Wax	12s	PG	1
6515-00-877-2100	Ligature Umbilical	12s	PG	1
6505-00-664-7116	Penicillin G Inj 1 million units		BT	100
6505-00-993-3518	Ampicillin Inj 1GM		BT	100
6510-01-070-1494	Collagen Hemostat White	12s	BX	2
6505-01-213-9514	Gentamicin Sulf Inj 80mg/2ml	25s	PG	6
6505-01-053-2514	Cefuroxime 750mg Inj	25s	PG	6
6515-01-007-5293	Blade Surg Knife #15	150s	PG	2
6515-00-043-1739	Blade Surg Knife #10	150s	PG	2

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.FW

Date of Inventory:

SURGICAL TEAM MODULE NONCONTAINERIZED ITEMS

NSN	NOMENCLATURE	U/I	QTY	U/I
	Tent GP Med w/Liner, Poles & Floor	SE	1	-----
	Table Surgical	SE	1	-----
6515-00-782-2625	Machine Suction	EA	2	-----
	Sink Surg Fold Alum	EA	1	-----
6505-00-132-5199	Oxygen 1650gal	EA	2	-----
	Light Tube 2/set	SE	1	-----
7105-00-710-0210	Table Fold Leg Lab	EA	1	-----
6530-00-660-0034	Stand Litter Fold	EA	2	-----
	Cord Extension 50ft	EA	2	-----
	Outlet Strip Multi (6)	EA	1	-----
	Can H2O Plastic 5gal	EA	3	-----
	Container Fuel Metal 5gal	EA	1	-----
	Pail Stainless Steel	EA	1	-----
6135-01-036-3495	Battery BA5590-11	EA	4	-----
6515-00-383-0400	Tourniquet Pneumatic	EA	2	-----
5840-00-926-9117	Disinfectant GP Glutaraldehyde 1gal	EA	4	-----
6505-00-083-6537	Ringers Lactate Inj USP 1000ml	12s CS	7	-----
6505-00-083-6544	Sodium Chloride Inj USP 1000ml	12s CS	7	-----
6530-01-119-0012	Spineboard Long	EA	1	-----
6505-00-994-7224	Pova-Iod Sol 10% 1gal	BT	2	-----
6505-00-754-0374	Pova-Iod Sol 7.5% 1gal	BT	2	-----
6510-01-160-3261	Sponge Lap	PG	4	-----
6545-00-911-1300	Blanket Set Bed	SE	1	-----

* The following items will be carried as single units to be shared by both surgical teams.

6530-01-119-0016	Liner Bed Protective	300s PG	1	-----
	Sponge Kerlex Super	PG	1	-----
6510-00-582-7992	Band 4 Ply 4"x 4.5yds	PG	1	-----
6530-01-178-6196	Drape Pack Laparotomy	6s PG	7	-----
6530-00-926-2151	Sterilizer Steam	EA	1	-----
	Generator 10kW	EA	1	-----
	Box Blood Prod Styro 30 Units	EA	1	-----

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Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

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SURGICAL TEAM MODULE MAJOR BASIC INSTRUMENT SET COMPONENTS

NSN	NOMENCLATURE	U1	QTY	O/H
---	-----	--	---	---
6515-00-065-3181	Forceps, Hemo 1/2" CVD Mixer 7 1/2"	EA	4	-----
6515-00-299-3736	Holder Ndl Hegar-Mayo 6"	EA	2	-----
6515-00-333-3600	Forceps Drs Str 5 1/2"	EA	2	-----
6515-00-334-3800	Forceps Hemo Cvd Kelley 5 1/2"	EA	8	-----
6515-00-334-4100	Forceps Hemo Mayo-Carmalt Cvd 8"	EA	2	-----
6515-00-334-4300	Forceps Hemo Cvd Pean 6 1/4"	EA	8	-----
6515-00-334-4900	Forceps Hemo Cvd Halstead 5"	EA	4	-----
6515-00-334-5600	Forceps Hemo Str Halstead 5"	EA	2	-----
6515-00-334-6800	Forceps Hemo Str Kelly 5 1/2"	EA	4	-----
6515-00-334-7500	Forceps Hemo Rochester-Kocher Str 7 1/4"	EA	4	-----
6515-00-335-2800	Forceps Intestinal Babcock Str 6 1/4"	EA	4	-----
6515-00-335-3500	Forceps Tissue Str Judd-Allis 7 1/2"	EA	4	-----
6515-00-335-5800	Forceps Kidney Ped Guyon-Pean 9"	EA	2	-----
6515-00-337-3900	Forceps Gauze Pad Hold Str Forester	EA	4	-----
6515-00-337-7800	Forceps Tissue Adson 4 1/2"	EA	2	-----
6515-00-337-9900	Forceps Tissue Str 5 1/2"	EA	2	-----
6515-00-338-0300	Forceps Tissue Str Allis 6"	EA	4	-----
6515-00-338-2900	Forceps Hemo Schmidt Tonsil 81 Cv	EA	2	-----
6515-00-334-7800	Handle, Knife Detach Blade #3	EA	2	-----
6515-00-344-7880	Handle, Knife Detach Blade #7	EA	1	-----
6515-00-356-7100	Probe Bullet Fluhrer 8"	EA	1	-----
6515-00-360-3850	Retractor Abd Dbl End Richardson Lge	SE	1	-----
6515-00-360-9200	Retractor Set Gen Oper Dbl End Set of 2	SE	1	-----
6515-00-364-0520	Scissors Gen Surg Cvd 6 3/4"	EA	1	-----
6515-00-364-0560	Scissors Mayo Cvd 11"	EA	1	-----
6515-00-364-0920	Scissors Gen Surg Str Mayo 6 3/4"	EA	1	-----
6515-00-365-7100	Scissors Tonsil Cvd Metzenbaum 7"	EA	1	-----
6515-00-386-6600	Cannula Abd Suct Poole 23Fr	EA	1	-----
6515-00-386-7600	Cannula Laryngeal Yankauer 9"	EA	1	-----
6515-00-664-7853	Retractor Gen Oper Flex Set of 2	SE	1	-----
6515-00-690-3195	Clamp Artery DeBakey 10 1/4"	EA	2	-----
6515-00-690-3201	Holder Suture Ndl 10"	EA	2	-----
6515-00-923-5000	Scissors Gen Surg Cvd Nelson	EA	1	-----
6530-00-079-7039	Indicator Sterilization Steam	BX	1/250	-----
6530-00-926-2234	Wrapper Sterilization Paper 25"	BX	2/500	-----
6545-00-925-9220	Tray Med Inst 7 Supp SE	EA	1	-----

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE ORTHOPEDIC INSTRUMENT SET COMPONENTS

NSN	NOMENCLATURE	UI	QTY	O/H
---	-----	---	---	---
6515-00-299-8737	Holder Suture Hager-Mayo 7"	EA	2	----
6515-00-322-6600	Curette Mastoid Richard Sz 1	EA	1	----
6515-00-322-6700	Curette Mastoid Richard Sz 3	EA	1	----
6515-00-322-6800	Curette Mastoid Richard Sz 5	EA	1	----
6515-00-327-6600	Elev Nasal Dbl End Freer 7 1/2"	EA	1	----
6515-00-331-4200	Rongeur Bone Cvd Horsley 5 3/4"	EA	1	----
6515-00-333-3600	Forceps Dressing Str 5 1/2"	EA	2	----
6515-00-334-3800	Forceps Hemo Cvd Kelly 5 1/2"	EA	4	----
6515-00-334-4300	Forceps Hemo Cvd Pean 6 1/4"	EA	4	----
6515-00-334-4900	Forceps Hemo Cvd Halstead 5"	EA	6	----
6515-00-334-7500	Forceps Hemo Rochester-Kocher Str 7 1/4"	EA	4	----
6515-00-335-3300	Periosteotome Alexander-Farabeuf	EA	1	----
6515-00-335-3500	Forceps Tissue Judd-Allis Str 7 1/2"	EA	2	----
6515-00-337-9900	Forceps Tissue Str 5 1/2"	EA	2	----
6515-00-342-2300	Hook Dura Adson 8"	EA	2	----
6515-00-346-8400	Mallet Bone Kirk	EA	1	----
6515-00-339-1600	Rasp Bone Lewis Coarse	EA	1	----
6515-00-360-3850	Retractor Abd Richardson 5m	SE	1	----
6515-00-360-7400	Retractor Brain	EA	1	----
6515-00-360-9200	Retractor Gen Oper Dbl End	SE	1	----
6515-00-361-4850	Retractor Perineal Gelpi	EA	2	----
6515-00-363-1100	Saw Amputation Saterlee	EA	1	----
6515-00-363-2400	Handle Bone Cutting Wire Saw Gigli	SE	2	----
6515-00-363-2700	Saw Bone Cutting Wire 20"	EA	2	----
6515-00-364-0560	Scissors Mayo Cvd 11"	EA	1	----
6515-00-364-0920	Scissors Gen Surg Str Mayo 6 3/4"	EA	1	----
6515-00-374-6900	Elevator Periosteal Matson 8 3/4"	EA	1	----
6515-00-386-6600	Cannula Abd Suction Poole 23fr	EA	1	----
6515-00-386-7600	Cannula Laryngeal Yankauer 9"	EA	1	----
6515-00-664-5398	Osteotome Smith-Peterson Str 1/2"	EA	1	----
6515-00-664-5399	Osteotome Smith-Peterson Str 3/4"	EA	1	----
6515-00-664-5400	Osteotome Smith-Peterson Str 1/4"	EA	1	----
6515-00-935-7138	Scissors Bandage 7.25"	EA	1	----
6515-01-089-5668	Scissors Tonsil Metzenbaum Cvd 11"	EA	1	----
6530-00-079-7039	Indicator Sterilization Steam 250s	BX	1*	----
6530-00-926-2234	Wrapper Sterilization 25"sq 500s	BX	1*	----
6545-00-925-9220	Tray Med Inst 7 Supp Se	EA	1	----

NOTE: * Denotes a quantity which is less than the unit of issue.

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE GASTRO-INTESTINAL INSTRUMENT SET COMPONENTS

NSN	NOMENCLATURE	UI	QTY	O/H
---	-----	--	---	---
6515-00-065-3181	Forceps Hemo 1/2" Cvd Mixer 7 1/2"	EA	2	-----
6515-00-334-1400	Forceps Ball Duct Cvd Lahey 7 1/2"	EA	2	-----
6515-00-334-3800	Forceps Hemo Cvd Kelly 5 1/2"	EA	4	-----
6515-00-334-4100	Forceps Hemo Mayo-Carmalt Cvd 8"	EA	4	-----
6515-00-334-4300	Forceps Hemo Cvd Pean 6 1/4"	EA	4	-----
6515-00-334-7300	Forceps Hemo Rochester-Kocher Str 7 1/4"	EA	4	-----
6515-00-334-9500	Forceps Hemo Cvd Pean 9"	EA	2	-----
6515-00-335-1900	Forceps Intestinal Cvd Doyen 8 3/4"	EA	2	-----
6515-00-335-2800	Forceps Intestinal Babcock Str 6 1/4"	EA	4	-----
6515-00-335-2900	Forceps Intestinal Babcock Str 7 3/4"	EA	4	-----
6515-00-335-3200	Forceps Intestinal Doyen Str 8 3/4"	EA	2	-----
6515-00-335-3500	Forceps Tissue Str Judd-Allis 7 1/2"	EA	2	-----
6515-00-335-5800	Forceps Kidney Pedicle Guyon-Pean 9"	EA	2	-----
6515-00-338-0300	Forceps Tissue Str Allis 6"	EA	2	-----
6515-00-360-3490	Retractor Abd Deaver 12"Lx1"W	EA	1	-----
6515-00-360-3530	Retractor Abd Deaver 12"Lx1"W	EA	1	-----
6515-00-364 0560	Scissors Mayo Cvd 11"	EA	1	-----
6515-00-664-7853	Retractor Gen Oper Flex	SE	2	-----
6515-00-690-3201	Holder Suture Needle 10"	EA	1	-----
6515-00-690-3209	Forceps Tissue 9 1/2"	EA	2	-----
6515-01-089-5668	Scissors Tonsil Metzenbaum Cvd 11"	EA	1	-----
6515-01-141-7469	Handle Surg Knife Deep #3 Long	EA	1	-----
6530-00-079-7039	Indicator Steril Steam 250s	BX	1*	-----
6530-00-926-2234	Wrapper Steril Paper 25"sq 500s	BX	1*	-----
6545-00-925-9220	Tray Med Inst 7 Supp SE	EA	1	-----

NOTE: * Denotes a quantity which is less than the unit of issue.

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE THORACIC INSTRUMENT SET COMPONENTS

NSN	NOMENCLATURE	UI	QTY	O/H
---	-----	--	---	---
6515-00-320-8500	Contractor Rib Bailey	EA	1	-----
6515-00-327-9400	Elevator Periosteal Lg Doyen (L)	EA	1	-----
6515-00-328-9400	Elevator Periosteal Lg Doyen (R)	EA	1	-----
6515-00-328-0700	Elevator Periosteal Sharp	EA	1	-----
6515-00-331-1300	Forceps Bone Cut Liston-Stillie 10 3/4"	EA	1	-----
6515-00-331-5400	Rongeur Str Stillie-Luer 9"	EA	1	-----
6515-00-355-3300	Periposteotome Alexander Farabeuf	EA	1	-----
6515-00-355-9100	Forceps Lung Grasping Collin 8"	EA	4	-----
6515-00-338-2900	Forceps Hemo Schmidt Tonsil Slt Cv	EA	4	-----
6515-00-341-9800	Holder Suture 10 1/2" Hegar-Mayo	EA	1	-----
6515-00-346-8400	Mallet Bone Kirk	EA	1	-----
6515-00-361-7250	Retractor Rib Finochetto	EA	1	-----
6515-00-374-6900	Elevator Periosteal 8 3/4" Matson	EA	1	-----
6515-00-690-3194	Clamp Arterial Debakey CJ 10"	EA	2	-----
6515-00-690-3195	Clamp Arterial 10 1/4" Debakey	EA	2	-----
6515-00-690-3209	Forceps Tissue 9 1/2"	EA	2	-----
6515-00-890-1683	Clamp Vena Cava Statinsky 10"	EA	2	-----
6515-01-045-7158	Knife Sternal Lebske	EA	1	-----
6515-01-089-5668	Scissors Metzenbaum 11"	EA	1	-----
6530-00-079-7039	Indicator Steril Steam 250s	BX	1*	-----
6530-00-926-2234	Wrapper Steril Paper 25"sq 500s	PG	1*	-----
6545-00-925-9220	Tray Med Inst 7 Supp SE	EA	1	-----

NOTE: * Denotes a quantity which is less than the unit of issue.

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: SURG.PW

Date of Inventory:

SURGICAL TEAM MODULE SOFT PACK COMPONENTS

NSN	NOMENCLATURE		UI	QTY	O/H
6515-01-104-0043	Tubing Suction Plastic Surg	50s	PG	1*	-----
6515-01-034-5048	Tip Suction Yankauer	50s	PG	1*	-----
6530-01-203-7767	Bowl Surg Plastic	50s	PG	1*	-----
6530-00-836-8134	Basin Emesis Plastic	50s	PG	2*	-----
6515-00-828-2462	Syringe Bulb Asepto	50s	PG	1*	-----
3M #8630	Dura Prep		EA	1	-----
6515-01-149-8841	Glove Surg Sterile Sz7.5	50s	PG	2*	-----
6515-01-149-8842	Glove Surg Sterile Sz8	50s	PG	1*	-----
6510-08-160-3261	Sponge Lap	100s	PG	40*	-----
6530-01-178-6197	Sheet Half	50s	PG	1*	-----
6515-01-249-8904	Decanter Bag-D-Jet	50s	PG	1*	-----
6530-00-793-9570	Cover Mayo Tray	30s	PG	1*	-----
6530-01-178-6196	Laparotomy Set	6s	PG	1*	-----

NOTE: * Denotes a quantity which is less than the unit of issue.

The "SOFT PACK" is a custom packaged and sterilized set of disposable items which are required for each surgical case. The items are packaged, wrapped and sterilized by the 910's assigned to the surgical team.

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: ANES.PW

Date of Inventory:

SURGICAL TEAM ANESTHESIA MODULE CHEST #1

NSN	NONENCLATURE	UI	QTY	O/H
DRAWER 1				
6515-01-153-5295	HANDLE L-SCOPE, SM	EA	1	-----
6515-00-870-2190	HANDLE L-SCOPE, LG	EA	1	-----
6515-00-656-0474	MILLER 1	EA	1	-----
LOCAL PURCHASE	MILLER 2	EA	2	-----
LOCAL PURCHASE	MILLER 3	EA	1	-----
6515-00-955-8836	MACINTOSH 2	EA	1	-----
6515-00-955-8865	MACINTOSH 3	EA	2	-----
6515-00-113-1607	MACINTOSH 4	EA	1	-----
6515-00-372-3300	MAGILL FORCEPS	EA	1	-----
6515-00-299-8712	STYLET, ADULT	EA	2	-----
LOCAL PURCHASE	STYLET, PEDIATRIC	EA	1	-----
6515-01-148-7007	WINGER CHEST PIECE	EA	1	-----
6515-00-926-2153	EXTENSION TUBING	50s PG	2*	-----
LOCAL PURCHASE	DOUBLE STICK DISCS	50s PG	1	-----
LOCAL PURCHASE	UNIVERSAL EAR PIECE	EA	1	-----
6240-00-552-9672	REPLACEMENT BULBS, MILLER	EA	5	-----
6240-00-797-0420	REPLACEMENT BULBS, MACINTOSH	EA	5	-----
6515-01-098-5770	ESOPHAGEAL STETHESCOPE 24FR	50s PG	10*	-----
6515-01-C34-5048	TUBE SUCTION YANKAUEK	50s PG	10*	-----
6515-00-458-8411	CATH & CONNECTOR SUCTION 14 FR	50s PG	10*	-----
6515-01-256-4978	O2 NIPPLE ADAPTER	50s PG	5*	-----

DRAWER 2

6516-01-140-5337	NEEDLE, HYPO, 22GA	100s BX	1	-----
6515-00-655-5731	NEEDLE, HYPO, 25GA	100s BX	1	-----
6515-00-754-2834	NEEDLE, HYPO, 18GA	100s BX	1	-----
6515-00-754-2836	NEEDLE, HYPO, 20GA	100s BX	1	-----
6515-01-229-2642	NEEDLE, SPINAL 25GA, 3.5"	25s BX	20*	-----
6515-01-035-2921	NEEDLE, SPINAL 22GA, 3.5"	25s BX	10*	-----
6515-00-754-0412	SYRINGE, 10ML	100s BX	25*	-----
6515-00-462-7348	SYRINGE, 3ML	100s BX	10*	-----
6515-00-926-9043	THUMBREST SYRINGE	EA	1	-----
LOCAL PURCHASE	ASSURED MEDICATION LABELS			

NOTE: * Denotes a quantity, less than the unit of issue,
i.e. each (EA), bottle (BT), vial (VI), tube (TU),
ampule (AMP).

307th Medical Battalion (Airborne)
Scts. Kits and Outfits Components Listing
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FILE NAME: ANES.PW

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SURGICAL TEAM ANESTHESIA MODULE CHEST #1 (CONTINUED)

NSN	NOMENCLATURE		UI	QTY	O/H
DRAWER 3					
6515-00-786-3736	PAD, ISOPROPYL ALCOHOL	100s	PG	1	-----
6510-01-231-7264	APPLICATOR, BENZOIN	50s	PG	20*	-----
6510-01-008-7917	APPLICATOR, BETADINE	50s	PG	20*	-----
6510-01-107-0223	ADHESIVE TAPE, SURGICAL 1"	12s	PG	1	-----
DRAWER 4					
6515-01-046-9851	CATHETER/NEEDLE IV 22GA	200s	BX	10*	-----
6515-01-050-9959	CATHETER/NEEDLE IV 20GA	50s	BX	10*	-----
6515-00-243-9695	CATHETER/NEEDLE IV 18GA	50s	BX	20*	-----
6515-01-050-0208	CATHETER/NEEDLE IV 16GA	50s	BX	20*	-----
6515-01-166-5077	CATHETER/NEEDLE IV 14GA	50s	BX	20*	-----
6515-01-146-7774	TOURNIQUET		EA	2	-----
6515-00-168-6913	SYRINGE, 50 OR 60ML	20s	PG	2*	-----
6515-01-289-5310	SYRINGE, 30 OR 35ML	60s	PG	6*	-----
DRAWER 5					
6515-00-864-8064	STOPCOCK IV 3-WAY W/33" TUBING	50s	PG	10*	-----
6515-00-726-9195	STOPCOCK IV 3-WAY WO TUBING	50s	PG	4*	-----
6515-00-068-9868	IV INJECTION SET, 100ML VOLU	25s	PG	2*	-----
6515-01-153-5669	IV SET, SECONDARY NON-VENTED	25s	PG	4*	-----
6515-00-115-0032	IV INJECTION SET W/INJECT PORT	48s	PG	6*	-----
6515-01-034-0691	Y-BLOOD RECEPIENT SET	48s	PG	6*	-----
DRAWER 6					
6515-00-917-1912	TUBE SALEM DBL LUMEN 18FR	50s	CS	10*	-----
6515-01-167-6637	NASOPHARYNGEAL 30FR	10s	PG	1	-----
6515-01-129-5437	NASOPHARYNGEAL 34FR	10s	PG	1	-----
6515-01-240-3851	AIRWAY BERMAN 90MM	10s	PG	1	-----
6515-00-958-2232	AIRWAY BERMAN 80MM	10s	PG	1	-----
6515-00-687-8052	AIRWAY BERMAN 100MM	10s	PG	1	-----
6515-00-324-5500	DEPRESSOR, TONGUE	100s	BX	1	-----
6515-00-105-0759	TUBE, TRACH MURPHY W/CUFF 8MM	10s	PG	1	-----
6515-00-105-0744	TUBE, TRACH MURPHY W/CUFF 7MM	10s	PG	4*	-----

NOTE: * Denotes a quantity, less than the unit of issue,
i.e. each (EA), bottle (BT), vial (VI), tube (TU),
ampule (AMP).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: ANES.FU

Date of Inventory:

SURGICAL TEAM ANESTHESIA MODULE CHEST #1 (CONTINUED)

NSN	NOMENCLATURE	UI	QTY	O/H
6515-00-105-0720	TUBE TRACH MURPH W/CUFF 6MM 10s	PG	4*	-----
	TUBE TRACH MURPH WO CUFF 5.5MM 10s	PG	2*	-----
6515-01-174-2349	TUBE TRACH MURPH WO CUFF 5MM 10s	PG	2*	-----
6515-01-163-1883	TUBE TRACH MURPH WO CUFF 4.5MM 10s	PG	2*	-----
6515-01-174-2349	TUBE TRACH MURPH WO CUFF 4MM 10s	PG	2*	-----
6515-01-253-8282	TUBE TRACH MURPH WO CUFF 3.5MM 10s	PG	2*	-----
6515-01-153-5679	O2 NASAL PRONGS 50s	PG	4*	-----
6515-00-392-0725	O2 FACE MASK 50s	PG	2*	-----
6515-01-124-9782	TUBE TRACHEOSTOMY SHILEY SZ6	EA	2	-----

DRAWER 7

6515-01-039-4884	SFHYGMOMANOMETER, AMEROLD	EA	1	-----
6515-00-935-4088	STETHESCOPE, ADULT	EA	1	-----
6230-00-264-8261	FLASHLIGHT, RIGHT ANGLE	EA	1	-----
6515-01-278-9850	PERIPHERAL NERVE STIMULATOR	EA	1	-----
6515-01-034-5020	ANESTHESIA BREATHING CIRCUIT 30s	PG	2*	-----
6515-01-145-6298	MASK ORONASAL ANES (CIRCUIT) 30s	PG	4*	-----
6515-00-935-7138	SCISSORS, BANDAGE 7 1/2"	EA	1	-----
6515-01-165-1133	SUPPORT, ENDOTRACHEAL L-SHAPED	EA	1	-----
6515-01-273-9760	ELECTROD PADS, PREG DAFT FOAM 50s	PG	1	-----
6515-01-300-3576	SKIN TEMP PROBES 50s	PG	1	-----
6515-00-584-2893	INFUSOR, PRESSURE BLOOD BAG	EA	2	-----

NOTE: * Denotes a quantity, less than the unit of issue,
i.e. each (EA), bottle (BT), vial (VI), tube (TU),
ampule (AMP).

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: ANES.PW

Date of Inventory:

SURGICAL TEAM ANESTHESIA MODULE CHEST #2

NSN	NOMENCLATURE	UI	QTY	O/H
LOCAL PURCHASE	PROPAC 104 MONITOR W/CHARGER BP CUFF/CABLE & 3 LEAD EKG CABLE	SE	1	-----
LOCAL PURCHASE	CRITICARE PULSE OXIMETER W/ RECHARGER & FINGER PROBE	SE	1	-----
6515-01-145-5344	HOSE, CORRUGATED ANESTHESIA 100FT	PG	25FT	-----
6515-00-462-0832	EXAMINATION GLOVES, NON-STERILE	BX	1	-----
LOCAL PURCHASE	LAREDAL RESUSCITATOR (AMBU)	EA	1	-----
6680-00-935-4242	MEDICAL GAS REGULATOR (H CYLINDER)	EA	1	-----
LOCAL PURCHASE	OHIO LOGIC 07 VENTILATOR	EA	1	-----
LOCAL PURCHASE	OMV-50 DRAWOVER DEVICE (2 VAPORIZER)	EA	1	-----
6515-01-250-0376	ANESTHESIA SET, EPIDURAL	BX	2	-----
6505-01-108-2217	NORMAL SALINE 50ML IV BAGS 50s	CS	10*	-----
DRUG BOX				
6505-01-117-9832	ISOFLURANE 100ML	BT	10	-----
6505-00-854-2504	HALOTHANE	BT	2	-----
6505-00-299-8611	DIPHENHYDRAMINE HCL 10ML	VL	2	-----
6505-01-013-9741	TERBUTALINE 1 ML 10s	PG	1	-----
6505-01-116-9245	ALBUTEROL INHALER	EA	2	-----
6505-01-258-0793	VECURONIUM 10s	PG	2	-----
6505-01-145-6758	VERAPAMIL 10s	BX	2*	-----
6505-00-958-6325	NEOSTIGMINE 10ML	VI	1	-----
6505-00-734-1026	EPINEPHRINE 1ML 10s	PG	2	-----
6505-01-179-6051	NALOXONE 1ML 10s	PG	1	-----
6505-00-104-9320	PHENYLEPHRINE HCL 10s	PG	1	-----
6505-01-244-7982	LABETALOL 20 ML	VL	4	-----
6505-00-106-7394	PROPRANOLOL 1ML 10s	BX	2*	-----
6505-00-150-7622	LUBRICANT, OPHTHALMIC	TU	10	-----
6505-00-685-5425	HYDRALAZINE HCL 1ML 10s	BX	4*	-----
6505-01-046-1893	LIDOCAINE 2% PRESER FREE 5ML 25s	BX	20*	-----
6505-01-212-5338	BUPIVACAINE 0.75% W/DEXTROSE SP 10s	BX	1	-----
6505-01-126-4915	LIDOCAINE 5% W/DEXTROSE SP 10s	BX	1	-----
6505-00-435-0377	FUROSOMIDE 2ML 10s	BX	5*	-----
6505-01-248-5399	METOCLOPRAMIDE HCL 10ML	VL	4	-----
6505-01-104-0399	DROPERIDOL 2.5MG/ML 5ML	VL	2	-----
6505-01-019-7627	GLYCOPRYROLATE 20ML	VL	5	-----
6505-00-951-5533	HYDROCORTISONE SUCCINATE	VI	4	-----
6505-01-062-0904	XYMETAZOLINE	BT	2	-----

NOTE: * Denotes a quantity, less than the unit of issue, i.e. each(EA),
bottle (BT), vial (VI), tube (TU), ampule (AMP).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: ANES.PW

Date of Inventory:

SURGICAL TEAM ANESTHESIA MODULE DRUG BOX (CONTINUED)

NSN	NOMENCLATURE	UI	QTY	O/H
6505-00-917-3709	DOXAFRAM 20 ML			
VI 2				
6505-00-785-4357	LIDOCAINE OINT 5%	TB	2	
6505-00-914-1742	MEPIVICAINE HCL 1.5% 30ML	VI	10	
6505-00-963-5355	DEXAMETHASONE	VI	6	
6505-01-028-2260	SUCCINYLCHOLINE FLO-PAK 10s	BX	1	
6505-01-117-9690	NALBUPIINE 10ML	VI	2	
6505-00-734-1026	EPHEDRINE 1ML 10s	PG	1	
6505-01-026-9403	PHYSTOSTIGMINE 10s	SX	1	
6505-00-754-2547	ATROPINE SULFATE 20ML	VI	2	
6505-01-189-2071	ETOMIDATE 20ML 25s	PG	10*	
6505-01-121-8737	LIDOCAINE 1.5% 20ML	VI	5	
5120-00-097-4136	OXYGEN WRENCH	EA	2	

CONTROLLED ITEMS TO BE DRAWN AT DMSO

6505-01-241-5747	MIDAZOLAM 2ML	10s	PG	1	
6505-01-073-1316	FENTANYL 5ML	10s	PG	2	
6505-00-432-7047	KETAMINE 10ML		VI	4	
6505-01-003-5343	THIOPENTAL SODIUM 5GM		BT	2	

NOTE: * Denotes a quantity, less than the unit of issue, i.e. each (EA), bottle (BT), vial (VI), tube (TU), ampule (AMP).

** ANESTHESIA PACK LIST IS BASED ON A PROJECTED CASE LOAD OF 20 SURGICAL CASES.

ADDITIONAL ITEMS THAT MUST ACCOMPANY ANESTHESIA CHESTS 1 AND 2 ARE:

- 2 H OXYGEN CYLINDERS (2500 LITERS EACH)
- 6 CASES LACTATED RINGERS 1000 ML (12S, 6505-00-083-6537)
- 6 CASES NORMAL SALINE 1000 ML (12S, 6505-00-083-6544)
- 2 CASES ALBUMIN (15S, 6505-00-559-5807)
- 1 BURN OXYGEN CONCENTRATOR

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: T-VEST.PW

Date of Inventory:

TRAUMA VEST PACKING LIST

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
	Headlamp/Battery Pack	EA	1	-----
	Mini Maglite	EA	1	-----
6515-00-616-5052	Laryngoscope	EA	1	-----
6515-00-105-0744	ET Tube sz7	PG	*2	-----
6515-00-375-1100	ET Tube Stylette	EA	1	-----
6515-01-125-012	Nasal Trumpet 34Fr	PG	*3	-----
6515-00-914-0248	Shiley w/ Disp. Scalpel sz6	PG	*1	-----
	Disp. Scalpel #11	PG	*1	-----
6515-00-754-0412	Syringe 10/12cc	PG	*2	-----
6515-00-3651-1820	Scissors Gen. Surg.	EA	1	-----
6515-00-334-3800	Curved Hemostat	EA	1	-----
	Syringe 50cc Cath. Tip	EA	1	-----
	Suction Head	EA	1	-----
6510-00-159-4893	Dressing 4x7	EA	4	-----
6510-00-201-7430	Dressing 7x5x8	EA	2	-----
6510-00-201-1755	Cravat	EA	4	-----
6510-00-202-0800	Petrolatum Gauze	PG	2	-----
6510-00-926-8881	Tape 1/2 inch	PG	1	-----
6510-00-926-8882	Tape 1 inch	PG	2	-----
6515-01-196-7794	Venous Tourniquet	EA	1	-----
	Angiocath 14gauge	PG	*5	-----
6515-00-754-2836	Needle 20gauge	PG	*5	-----
6515-00-935-7138	Scissors Angled	EA	1	-----
6515-00-926-9043	Tubex Syringe	EA	1	-----
6515-00-374-2220	Stethoscope	EA	1	-----
6505-00-129-5518	Morphine	PG	*10	-----
6505-00-079-7867	Narcan	PG	*10	-----
6505-00-133-4449	EPI.	PG	*5	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: T-BAG.PW

Date of Inventory:

TRAUMA BAG PACKING LIST.

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>Q/H</u>
6515-00-105-0744	ET. Tube	EA	2	-----
6515-00-375-1100	ET. Tube Stylette	EA	1	-----
6515-01-125-0121	Nasal Trumpet 34Fr.	EA	3	-----
6515-00-914-0248	Shiley w/ Disp. Scalpel sz6	EA	6	-----
6515-00-763-7366	Chest Tube w/ Disp. Scalpel	EA	2	-----
6515-00-926-9150	Heimlich Valve	EA	2	-----
6515-01-295-8152	Ambu Bag	EA	1	-----
6505-00-111-7829	Surg. Lube Individual Use	PG	*5	-----
6515-00-754-0412	Syringe 10cc	PG	*1	-----
6545-00-853-6309	Dressing Eye Kit	EA	1	-----
6510-00-159-4883	Dressing 4x7	EA	12	-----
6510-00-201-7430	Dressing 7.5x8	EA	4	-----
6510-00-201-7425	Dressing 11.75 Square	EA	1	-----
6510-00-201-1755	Cravat	EA	12	-----
6510-00-935-5822	Ace Wrap 4 inch	EA	4	-----
6510-00-782-2698	4x4 Gauze in Ziplock	PG	*10	-----
6510-00-202-0800	Petrolatum Gauze	PG	*3	-----
6515-00-383-0565	Combat Tourniquet	EA	1	-----
6510-00-926-8821	Tape 1/2 inch	PG	*1	-----
6510-00-926-8822	Tape 1 inch	PG	*2	-----
6510-00-926-8823	Tape 3 inch	PG	*1	-----
6515-01-146-7794	Venous Tourniquet	PG	*1	-----
6505-00-083-6537	Ringers Lactate 1000ml	PG	*6	-----
6515-00-115-0032	IV. Solution Set	PG	*6	-----
6510-01-010-0307	Betadine Swab	PG	*6	-----
6510-00-786-3736	Alcohol Swab	PG	*6	-----
	Shower Curtain Hooks	PG	*10	-----
6515-00-584-2893	Pressure Infuser	EA	2	-----
6515-01-149-8842	Surgical Gloves sz8	PG	*2	-----
6515-00-043-1770	Blades #11 (in minor surg. set)	PG	*10	-----
	Suture 2-0 Nylon (in minor surg. set)	PG	*5	-----
6515-01-150-7842	C-Collar	EA	1	-----
6515-01-225-4631	Sam Splint	EA	4	-----
6515-01-253-0306	Pocket Face Mask	EA	1	-----
	Mini Maglite	EA	1	-----
	Disp. Scalpel #11	PG	*5	-----
6515-00-935-7138	Scissors Angled	EA	1	-----
6515-00-926-9043	Tubex Syringe	EA	1	-----
6515-00-374-2220	Stethoscope	EA	1	-----
6545-00-957-7650	Minor Surg. Set	EA	1	-----
6515-01-039-4884	BP Cuff	EA	1	-----
6515-01-039-0164	BP Case	EA	1	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective:

FILE NAME: T-BAG.PW

Date of Inventory:

TRAUMA BAG PACKING LIST (Continued)

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>D/H</u>
	Rigid First Aid Kit	EA	1	-----
6515-00-754-2834**	Needle 18gage x3 1/2	PG	*1	-----
6515-00-754-2836**	Needle 20gage	PG	*5	-----
**	Angiocath 14gage	PG	*5	-----
6515-01-050-0208**	Angiocath 16gage	PG	*5	-----
6515-01-047-9557**	Angiocath 18gage	PG	*5	-----
6505-00-129-5518**	Morphine	EA	10	-----
6505-01-227-7028**	Cefoxatin	PG	*2	-----
6515-01-273-1803**	Syringe 20cc	PG	*2	-----
6505-00-079-7867**	Narcan	PG	10	-----
6515-00-225-9719	NG Tube 16Fr	PG	*1	-----
	Cax Cards	PG	*10	-----
	Chem. Lite	PG	*2	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

** Indicates that the item goes in the Rigid First Aid Kit.

307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: 91ABAG.PW

Date of Inventory:

91A M5 MEDICAL BAG PACKING LIST

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>Q/H</u>
6545-00-912-9890	Case Med Inst & Supply Set No. 5	EA	1	-----
6510-01-010-0307	Pad Povidone-Iodine Impreg	100s BX	25*	-----
6510-00-786-3736	Pad Alcohol Impreg	100s PG	25*	-----
6515-00-115-0032	IV Admin Set	48s PG	4*	-----
6515-01-039-4884	Sphygmomanometer	EA	1	-----
6515-00-374-2220	Stethoscope Combination	EA	1	-----
6515-00-383-0565	Tourniquet Nonpneumatic	EA	2	-----
6230-00-171-3362	Flashlight	EA	1	-----
6515-00-626-8955	Drain Penrose .625	12s BX	1*	-----
6515-01-125-0121	Airway Nasopharyngeal 34Fr	12s PG	1*	-----
6515-00-687-8052	Airway Adult Berman	12s PG	1*	-----
6515-01-167-6637	Airway Nasopharyngeal 30Fr	12s PG	1*	-----
6515-01-150-7842	Support Cervical	EA	1	-----
6515-00-905-2177	Applicator Cotton Tip	1000s PG	15*	-----
6515-00-201-7430	Dressing Fld 7.5x8"	EA	4	-----
6510-00-159-4883	Dressing Fld 4x7"	EA	4	-----
6510-00-074-4579	Sponge Post-Op 4x4" Sterile	1200s PG	15*	-----
6510-00-201-1755	Bandage Muslin 37x37x52"	EA	12	-----
6510-00-202-0800	Gauze Petrolatum 3x18"	12s PG	2*	-----
6510-00-299-8341	Pad Eye with Ointment	EA	20	-----
6510-00-582-7992	Bandage Gauze 4"x6Yd Kerlex	12s PG	2*	-----
6510-00-935-5822	Bandage Elas 4"x5Yd	12s PG	4*	-----
6510-00-813-7909	Adhesive Bandage .75x3"	300s PG	10*	-----
6510-00-203-6010	Adhesive Tape Moleskin	RD	2ft	-----
6510-00-926-8881	Tape Adhesive 0.5"	24s PG	2*	-----
6510-00-926-8882	Tape Adhesive 1"	12s PG	2*	-----
6510-00-926-8884	Tape Adhesive 3"	4s PG	1*	-----
6515-00-243-9695	Catheter IV 18Ga	50s PG	8*	-----
6515-00-935-7138	Scissors Bandage 7.25"	EA	1	-----
6545-00-957-7650	Set Minor Surgical	SE	1	-----
6515-01-225-4681	Splint Universal 36x4.5"	12s PG	4*	-----
6505-00-100-9985	Aspirin	100s BT	1	-----
6505-00-159-6625	Bacitracin Ointment	12s PG	1*	-----
6505-00-116-8350	Benadryl Tabs 50mg	100s BT	1	-----
6505-01-043-6795	Insect Sting Kit	EA	2	-----
6505-01-154-9922	Ringers Inj Lactated 500ml	18s PG	4*	-----
6505-00-261-7257	Benzoin Tincture 1Pt	CN	1	-----
6505-00-958-1774	Sudafed Tabs 30Mg	1000s BT	1	-----
9999-00-009-1380	US Field Medical Card DD Form 1380	BK	1	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: 91BBAG.PW

Date of Inventory:

91B M5 MEDICAL BAG PACKING LIST

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>	<u>O/H</u>
6545-00-912-9890	Case Med Inst & Supply Set No. 5	EA	1	-----
6510-01-010-0307	Pad Povidone-Iodine Impreg 100s	BX	10*	-----
6510-00-786-3736	Pad Alcohol Impreg 100s	PG	10*	-----
6515-00-115-0032	IV Admin Set 48s	PG	4*	-----
6515-01-039-4884	Sphygmomanometer	EA	1	-----
6515-00-374-2220	Stethoscope Combination	EA	1	-----
6515-00-383-0565	Tourniquet Nonpneumatic	EA	2	-----
6230-00-171-3362	Flashlight	EA	1	-----
6515-01-124-9782	Cannula Tracheostomy Shiley Sz 6	EA	5	-----
6515-01-125-0121	Airway Nasopharyngeal 34 Fr 12s	PG	1*	-----
6515-00-687-8052	Airway Adult Berman 12s	PG	1*	-----
6515-00-763-7366	Tube Chest Drain 32 Fr 10s	PG	3*	-----
6515-00-926-9150	Valve Surgical Drain Heimlich 10s	PG	3*	-----
6515-00-616-5052	Laryngoscope Lge, Med, Child	SE	1	-----
6515-00-201-7430	Dressing Fld 7.5x8"	EA	4	-----
6510-00-159-4883	Dressing Fld 4x7"	EA	6	-----
6510-00-074-4579	Sponge Post-Op 4x4" Sterile 1200s	PG	10*	-----
6510-00-201-1755	Bandage Muslin 37x37x52"	EA	8	-----
6510-00-202-0800	Gauze Petrolatum 3x18" 12s	PG	4*	-----
6510-00-299-8341	Pad Eye with Ointment	EA	10	-----
6510-00-935-5822	Bandage Elastic 4"x5Yd 12s	PG	6*	-----
6505-00-106-0875	Inhalant Ammonia 10s	PG	1	-----
6515-00-105-0744	Tube Endo Murphy 7mm 10s	PG	5	-----
6515-01-143-3743	Suture Nonabs Dermalon 0 36s	PG	3	-----
6510-00-926-8884	Tape Adhesive 3" 4s	PG	2*	-----
6515-00-243-9695	Catheter IV 18Ga 50s	PG	8*	-----
6515-00-935-7138	Scissors Bandage 7.25"	EA	1	-----
6545-00-957-7650	Set Minor Surgical	SE	1	-----
6515-01-225-4681	Splint Universal 36x4.5" 12s	PG	4*	-----
6505-00-598-6116	Lidocaine 1.0% 50ml	BT	2	-----
6515-00-165-6544	Oto-Ophthalmoscope Mini	SE	1	-----
6515-00-365-1820	Scissors Gen Surg 5.50 LG Str Blade	EA	1	-----
6505-01-043-6795	Insect Sting Kit	EA	2	-----
6505-01-154-9922	Ringers Inj Lactated 500ml 18s	PG	8*	-----
6505-00-261-7257	Benzoin Tincture 1Pt	CN	1	-----
6515-00-149-1206	Syringe W/Needle 23Ga 3cc 100s	PG	6	-----
6515-01-149-1405	Thermometer Oral	EA	2	-----
6530-00-783-7510	Litter Poleless Nylon (Jump in Ruck)	EA	1	-----
9999-00-009-1380	US Field Medical Card DD Form 1380	BK	1	-----

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: M996AMB.PW

Date of Inventory:

M996 GROUND AMBULANCE

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>UI</u>	<u>QTY</u>	<u>Q/H</u>
6545-00-489-6320	Case Misc, Nylon No.16	EA	2	-----
<u>POCKET #1</u>				
6515-00-935-7138	Scissors, Bandage 7 1/4"	EA	1	-----
6505-01-125-3248	Pralidoxim CHL INJ 2ml	EA	7	-----
	LOT#----- EXP DATE-----			
6505-00-926-9083	Atropine INJ 0.7ml	EA	30	-----
	LOT#----- EXP DATE-----			
6510-00-201-7425	Dressing, Fld, 11 3/4"	EA	2	-----
<u>POCKET #2</u>				
6515-00-115-0032	Intravenous Inj Set	48s	PG	3*
6515-00-687-8052	Airway, Adult Oropharn	12s	BX	2*
<u>POCKET #3</u>				
6510-00-159-4883	Dressing, Fld, First Aid	EA	4	-----
<u>POCKET #4</u>				
6510-00-058-4421	Sponge, Gauze, 2 X 2	3000s	PG	25*
6510-00-913-7909	Bandaid, Adh, .75 X 3",	300s	BX	15*
6510-00-202-0800	Gauze, Petrol. 3"X18"	12s	PG	2*
6505-00-148-7096	Pov-Iodine Oint.	144s	PG	5*
	LOT#----- EXP DATE-----			
<u>POCKET #5</u>				
6510-00-159-4883	Dressing Fld First Aid	EA	1	-----
<u>POCKET #6</u>				
6510-00-159-4883	Dressing Fld First Aid	EA	1	-----
<u>POCKET #7</u>				
6510-00-201-1755	Band, Muslin (cravat)	EA	1	-----
<u>POCKET #8</u>				
6510-00-201-1755	Band, Muslin (cravat)	EA	1	-----

NOTE : * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: M996AMB.PW

Date of Inventory:

M996 GROUND AMBULANCE (CONTINUED)

NSN	NOMENCLATURE	UI	QTY	O/H
POCKET #9				
6510-00-935-5822	Bandage, Elast, 4" X 4.5YD	12s	PB	4*
6510-00-201-7430	Dress, Fld, 7 1/2 X 8"		EA	4
6515-01-150-7842	Support, Cervical		EA	1
6515-00-383-0565	Tourniquet, Nonpneumatic, 1.5X42"		EA	2
6510-00-201-1755	Band, Muslin		EA	4
6510-00-926-8884	Tape, Adh 3"	4s	PB	1*
POCKET #10				
9999-00-009-1380	US Field Medical Card DD Form 1380		BK	1
POCKET #11				
6515-00-115-0032	Intravenous Inj Set	48s	PB	1*
POCKET #12				
6505-00-083-6537	Lactated Ringers, 1000ml	12s	PB	4*
	LOT# _____ EXP DATE _____			
POCKET #13				
6510-00-926-8881	Tape Adh, 1/2"	24s	PB	2*
POCKET #14				
6510-00-926-8882	Tape Adh, 1"	12s	PB	1*
POCKET #15				
6515-01-008-5210	Catheter W/ Needle, 16ga	50s	PB	4*
6515-00-243-9695	Catheter w/ Needle, 18ga	50s	PB	4*
6510-01-010-0307	Povidone-Iodine Pad Impreg	100s	BX	30*
	LOT# _____ EXP DATE _____			
6510-00-786-3736	Alcohol Impreg Pads	100s	BX	30*
	LOT# _____ EXP DATE _____			
6515-01-146-7794	Tourniquet, Adult 1 X 14"		EA	1
7520-00-164-8950	Pencil, Mechanical	12s	DZ	1*

NOTE: * Denotes a quantity less than the normal unit of issue (U/I).

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307th Medical Battalion (Airborne)
Sets, Kits and Outfits Components Listing
Effective: 22 January 1991

FILE NAME: M996AMB.FW

Date of Inventory:

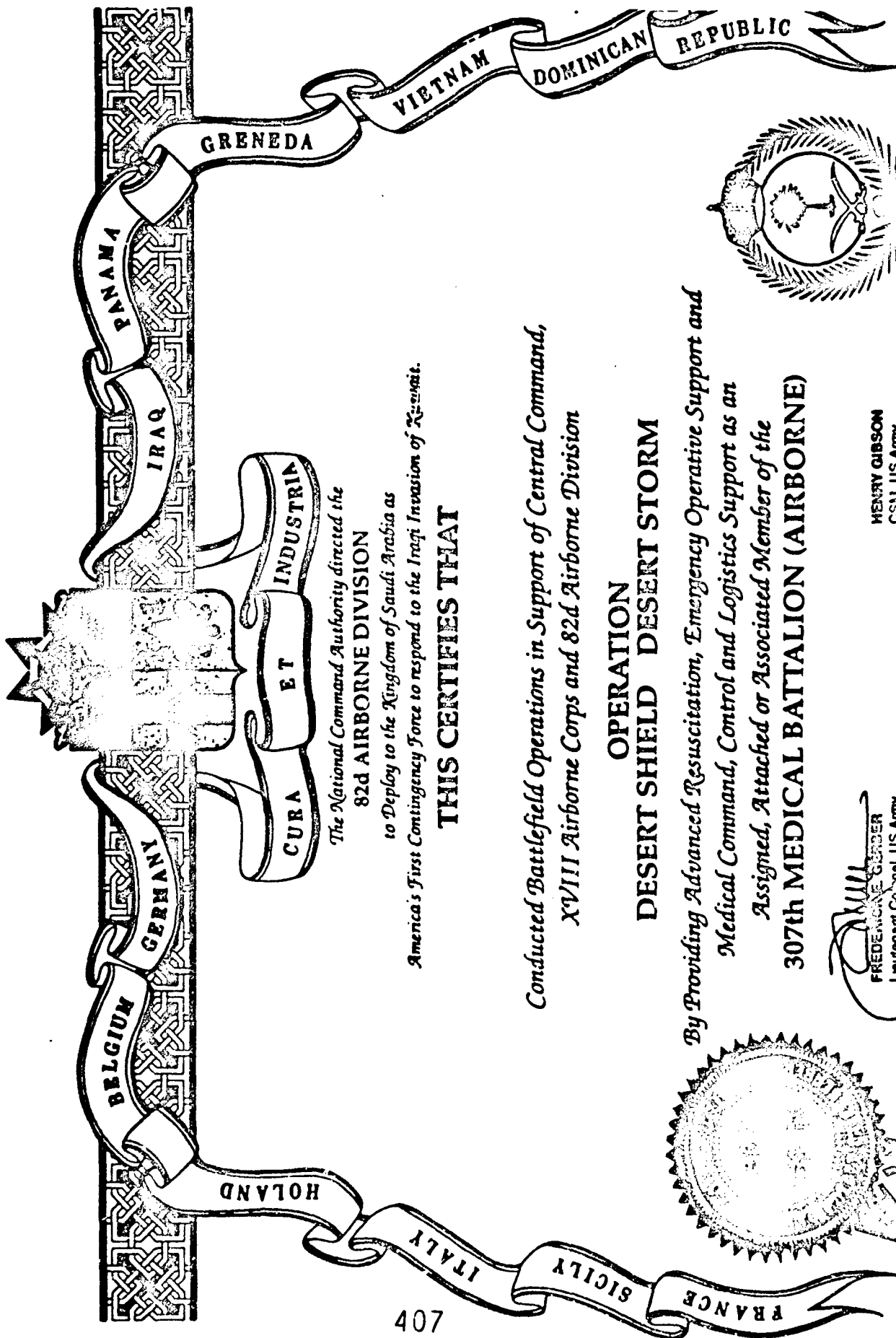
P 96 GROUND AMBULANCE (CONTINUED)

NSN	NOMENCLATURE	U1	QTY	O/H
	Case, Medical Instrument and Supply Set, Laminated Rubber, Non-Rigid #1	EA	2	-----
<u>CASE #1</u>				
6510-01-153-2857	Dressing, Burn	PG	4*	-----
6510-00-532-7992	Bandage, gauze, elas 4.5"X4yd	PG	1*	-----
6515-01-140-5333	Mask, oronasal, Adult	PG	7*	-----
6515-01-149-8841	Gloves, Surgeons Sz 7.5	PG	6*	-----
6515-00-458-8416	Catheter & Connect. 18 fr.	PG	6*	-----
6510-00-935-5822	Bandage, Elas, Ace 4"X4.5yd	PG	4*	-----
<u>CASE #2</u>				
6510-00-201-1755	Bandage, Muslin (Cravat)	EA	24	-----
6510-00-157-4893	Dressing Field, 4"X7"	EA	24	-----
6510-00-201-7425	Dressing Field, 11 3/4" sq.	EA	6	-----
6510-00-201-7430	Dressing Field, 7.5" X 8"	EA	12	-----
6510-00-935-5822	Bandage, Elastic 4" X 4.5yd	PG	4*	-----
6510-00-926-8881	Adh. Tape, .5" X 10yds	PG	8*	-----
6510-00-926-8884	Adh. Tape, 3" X 5yds	SL	1	-----
6510-00-202-0800	Gauze, Petrolatum 3"X18"	PG	1*	-----
6515-01-045-0029	Bulb Syringe, 3 oz	PG	2*	-----
6515-00-958-2232	Airway, Oropharn., Childs	BX	2*	-----
6515-00-687-8052	Airway, Oropharn., Adult	BX	8*	-----
6515-00-243-9695	Cath & Needle, 18 ga	PG	20*	-----
6515-01-008-5210	Cath & Needle, 16 ga	PG	20*	-----
6515-00-324-5500	Tongue Depressor	BX	1	-----
6515-01-149-8840	Gloves, Surgeon Sz 7	PG	6*	-----
6515-00-115-0032	IV Inj. Set	PG	12*	-----
6505-00-148-7096	Pov-Iodine Oint.	PG	10*	-----
	LOT#-----EXP DATE-----			
6510-00-721-9808	Sponge, Surg 4" X 4"	PG	25*	-----
6510-00-913-7909	Band, Adh, .75" X 3"	BX	70*	-----
6515-00-363-4100	Saw Ring Finger	EA	1	-----
6510-00-926-8882	Adh. Tape, 1"	PG	4*	-----
6515-00-383-0565	Tourniquet, Nonpneu. 1.5"X 42"	EA	2	-----
9999-00-009-1380	US Field Medical Card DD Form 1380	BK	4	-----
6510-00-786-3736	Pad, Alcohol Impregnated	BX	70*	-----
6510-01-010-0307	Pad, Pov-Iod Impregnated	BX	70*	-----
<u>CASE #3</u>				
7210-00-715-7985	Blanket, Wool	EA	4	-----

NOTE : * Denotes a quantity less than the normal unit of issue (U/I).

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APPENDIX P



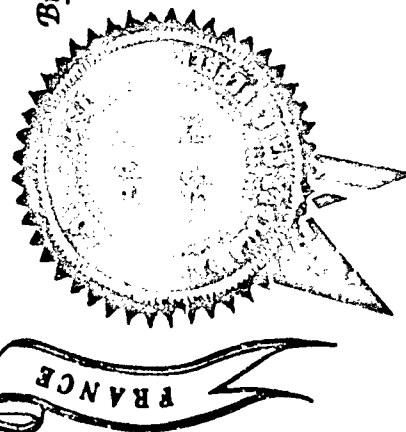
*The National Command Authority directed the
82d AIRBORNE DIVISION
to Deploy to the Kingdom of Saudi Arabia as
America's First Contingency Force to respond to the Iraqi Invasion of Kuwait.*

THIS CERTIFIES THAT

*Conducted Battlefield Operations in Support of Central Command,
XVIII Airborne Corps and 82d Airborne Division*

OPERATION DESERT SHIELD DESERT STORM

*By Providing Advanced Resuscitation, Emergency Operative Support and
Medical Command, Control and Logistics Support as an
Assigned, Attached or Associated Member of the
307th MEDICAL BATTALION (AIRBORNE)*



FREDERICK GIBSON
Lieutenant Colonel, US Army
Commanding Officer

HENRY GIBSON
CSA, US Army
Command Sergeant Major

